



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 15, 2022

Megan Rheingans  
Commerce Comfort Care LLC  
4180 Tittabawassee Rd.  
Saginaw, MI 48604

|                |   |
|----------------|---|
| RE: License #: | AH630394418<br>Commerce Comfort Care<br>100 Decker Rd.<br>Walled Lake, MI 48390 |
|----------------|---|

Dear Ms. Rheingans:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

|  |   |
|--|---|
| <b>License #:</b>  | AH630394418                                 |
|  |   |
| <b>Licensee Name:</b>  | Commerce Comfort Care LLC                   |
|  |   |
| <b>Licensee Address:</b>   | 4180 Tittabawassee Rd.<br>Saginaw, MI 48604 |
|  |   |
| <b>Licensee Telephone #:</b>   | (989) 607-0001                              |
|  |   |
| <b>Authorized Representative/<br/>Administrator/Licensee Designee:</b> | Megan Rheingans                             |
|  |   |
| <b>Administrator:</b>  | Sonya Frazier                               |
|  |   |
| <b>Name of Facility:</b>   | Commerce Comfort Care                       |
|  |   |
| <b>Facility Address:</b>   | 100 Decker Rd.<br>Walled Lake, MI 48390     |
|  |   |
| <b>Facility Telephone #:</b>   | (989) 607-0001                              |
|  |   |
| <b>Capacity:</b>   | 73  |
|  |   |
| <b>Program Type:</b>   | ALZHEIMERS<br>AGED                          |

## II. Purpose of Addendum

The facility requests the facility name be changed to Hampton Manor of Commerce.

## III. Methodology

On 10/24/22, I received correspondence from authorized representative Megan Rheingans requesting for the facility name to be changed.

## IV. Description of Findings and Conclusions

Interview with Ms. Rheingans revealed the facility has been bought and is in the process of change of ownership. Due to the extended length of time, it may take for the change to be processed, the facility is requesting the facility name to be changed.

## V. Recommendation

I recommend updating the Bureau Information Tracking System to reflect the new name of the facility. The license will be unchanged.



10/24/22

Kimberly Horst  
Licensing Staff

Date

Approved by:



11/15/2022

Andrea L. Moore, Manager  
Long-Term-Care State Licensing Section

Date