



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 09, 2023

Anna Paige
Paige's Supervised Comm Living Inc
G 3472 W Pasadena Ave
Flint, MI 48504

RE: License #: AM250008195
Paige Supv Comm Liv Inc
G3472 W Pasadena Ave
Flint, MI 48504

Dear Ms. Paige:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AM250008195

Licensee Name: Paige's Supervised Comm Living Inc

Licensee Address: G 3472 W Pasadena Ave
Flint, MI 48504

Licensee Telephone #: (810) 732-6485

Licensee/Licensee Designee: Anna Paige

Administrator: Anna Paige

Name of Facility: Paige Supv Comm Liv Inc

Facility Address: G3472 W Pasadena Ave
Flint, MI 48504

Facility Telephone #: (313) 732-5533

Original Issuance Date: 12/08/1982

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 05/30/2023

Date of Bureau of Fire Services Inspection: 10/24/2022

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed	2
No. of residents interviewed and/or observed	6
No. of others interviewed	1 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
BFS Inspection Completed
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license with special certification for mentally ill.



06/09/2023

Derrick Britton
Licensing Consultant

Date