



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 1, 2023

Jinesh Chheda
Varishy Senior Living, LLC.
1527 John R Rd
Rochester Hills, MI 48307

RE: License #: AS630391506
Varishy Senior Living
1527 John R Rd
Rochester Hills, MI 48307

Dear Mr. Chheda:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|---|
| License #: | AS630391506 |
| Licensee Name: | Varishy Senior Living, LLC. |
| Licensee Address: | 1527 John R Rd Rochester Hills, MI 48307 |
| Licensee Telephone #: | (248) 688-6617 |
| Licensee/Licensee Designee: | Jinesh Chheda |
| Administrator: | Dharmisthaben Patel |
| Name of Facility: | Varishy Senior Living |
| Facility Address: | 1527 John R Rd Rochester Hills, MI 48307 |
| Facility Telephone #: | (248) 688-6617 |
| Original Issuance Date: | 02/12/2019 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/01/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Manager

- 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.
- 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.
There were no incidents to follow up on.
- 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. *(remove if this does not apply)*

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



08/01/2023

Johnna Cade
Licensing Consultant

Date