



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 18, 2023

Sharon Cuddington  
Trinity Continuing Care Services  
20555 Victor Parkway, Suite 200  
Livonia, MI 48152

RE: License #: AL810261121  
**St. Joseph's Village #1**  
**1st Floor**  
**5341 McAuley Dr.**  
**Ypsilanti, MI 48197**

Dear Ms. Cuddington:

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 large 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

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

**I. IDENTIFYING INFORMATION**

**License #:** AL810261121

**Licensee Name:** Trinity Continuing Care Services

**Licensee Address:** Suite 200  
20555 Victor Parkway  
Livonia, MI 48152

**Licensee Telephone #:** (810) 989-7492

**Licensee/Licensee Designee:** Sharon Cuddington

**Administrator:** Sharon Cuddington

**Name of Facility:** St. Joseph's Village #1

**Facility Address:** 1st Floor  
5341 McAuley Dr.  
Ypsilanti, MI 48197

**Facility Telephone #:** (734) 712-1600

**Original Issuance Date:** 03/31/2005

**Capacity:** 13

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/18/2023

Date of Bureau of Fire Services Inspection if applicable: 06/09/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No due to COVID 19.
- 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.
- 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

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

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



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Vanita C. Bouldin  
Licensing Consultant

Date: 10/18/2023