



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 3, 2023

Theodore DeVantier
Macomb Residential Opportunities Inc.
Suite #102
14 Belleview
Mt. Clemens, MI 48043

RE: License #: AS580414642
Ninth CLS
930 Ninth St.
Monroe, MI 48161

Dear Mr. DeVantier:

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 is renewed. It 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 blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

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

I. IDENTIFYING INFORMATION

License #: AS580414642

Licensee Name: Macomb Residential Opportunities Inc.

Licensee Address: Suite #102
14 Belleview
Mt. Clemens, MI 48043

Licensee Telephone #: (586) 469-4480

Licensee/Licensee Designee: Theodore DeVantier

Administrator: Elizabeth Wilkerson

Name of Facility: Ninth CLS

Facility Address: 930 Ninth St.
Monroe, MI 48161

Facility Telephone #: (734) 457-3467

Original Issuance Date: 05/24/2023

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/25/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable: 10/25/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

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

- 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.
- 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 and special certification.



Pandrea Robinson
Licensing Consultant

11/03/23
Date