



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 14, 2023

Shannon White-Schellenberger
Angels' Place
Suite 2
29299 Franklin Road
Southfield, MI 48034

RE: License #: AS630072584
Lopez Family Home
16022 Webster Ave
Southfield, MI 48076

Dear Mrs. White-Schellenberger:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste. 9-100
Detroit, MI 48202
(248) 505-8036

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

I. IDENTIFYING INFORMATION

License #: AS630072584

Licensee Name: Angels' Place

Licensee Address: Suite 2
29299 Franklin Road
Southfield, MI 48034

Licensee Telephone #: (248) 350-2203

Licensee/Licensee Designee: Shannon White-Schellenberger

Administrator: Shannon White-Schellenberger

Name of Facility: Lopez Family Home

Facility Address: 16022 Webster Ave
Southfield, MI 48076

Facility Telephone #: (248) 594-6794

Original Issuance Date: 02/14/1997

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/26/2023

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

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

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

No. of others interviewed 2 Role: LD/Program Manager

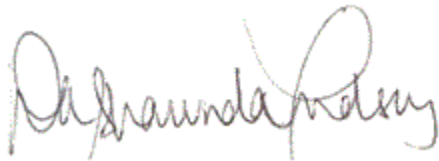
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
The inspection did not occur during a meal time.
- 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 incident reports that required a follow-up.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
Renewal 2021 S803(3), as315(3), as316(1), as318(5), asec 734(b)(2), as205(5),
as401(2) and as403(6) N/A
- Number of excluded employees followed-up? 0 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.



11/14/2023

DaShawnda Lindsey
Licensing Consultant

Date