



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2024

Daniel Emadamerho
Compassionate Care Haven LLC
29218 Riveroak Dr.
Romulus, MI 48174

RE: License #: AS820417985
Compassionate Care Haven
29218 Riveroak Dr
Romulus, MI 48174

Dear Mr. Emadamerho:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please 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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820417985
Licensee Name:	Compassionate Care Haven LLC
Licensee Address:	29218 Riveroak Dr. Romulus, MI 48174
Licensee Telephone #:	(734) 334-7189
Administrator/Licensee Designee:	Daniel Emadamerho
Name of Facility:	Compassionate Care Haven
Facility Address:	29218 Riveroak Dr Romulus, MI 48174
Facility Telephone #:	(734) 992-2036
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. Purpose of Addendum

The purpose of the addendum is to modify the license to include the mentally ill and developmentally disabled populations to the license.

III. Methodology

05/09/24	Contact-Document received. Written request to modify the license and verification of training and experience.
05/16/24	Contact-Document received. Updated program statement and admission policy.

IV. Description of Findings and Conclusions

On 05/09/24, I received and reviewed the written modification request and verification of Mr. Emadamerho’s training and experience with the requested populations. On 05/16/24, I received and reviewed the updated program statement and admission policies which included the mentally ill and developmentally disabled populations. After review of the documents, I determined that Mr. Emadamerho meets the qualifications to provide care to both populations.

V. Recommendation

I recommend the license be modified to include the mentally ill and developmentally disabled populations.



Pandrea Robinson
Licensing Consultant

05/20/24
Date