



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 28, 2024

Citadel AFC, LLC  
1370 Leon Rd.  
Walled Lake, MI 48390

RE: License #: AS810417037  
**Memory Lane Stoneham**  
**8253 Stoneham Drive**  
**Ypsilanti, MI 48197**

Dear Citadel AFC, LLC:

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 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 cursive script that reads "Vanita C. 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 #:** AS810417037

**Licensee Name:** Citadel AFC, LLC

**Licensee Address:** 1370 Leon Rd.  
Walled Lake, MI 48390

**Licensee Telephone #:** (248) 739-1964

**Licensee/Licensee Designee:** Daniela Cleminte

**Administrator:** Daniela Cleminte

**Name of Facility:** Memory Lane Stoneham

**Facility Address:** 8253 Stoneham Drive  
Ypsilanti, MI 48197

**Facility Telephone #:** (248) 739-1964

**Original Issuance Date:** 12/27/2023

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/23/2024

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

Date of Health Authority Inspection if applicable: 01/24/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

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


- Medication pass / simulated pass observed? Yes  No  If no, explain.  
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

This facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

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



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Vanita C. Bouldin  
Licensing Consultant

Date: 05/28/2024