



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 11, 2024

Felicia Marginean  
9637 Janet St.  
Taylor, MI 48180

RE: License #: AF820377854  
**NEW HOPE FAMILY CARE**  
**9637 JANET ST**  
**TAYLOR, MI 48180**

Dear Ms. Marginean:

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 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**

<b>License #:</b>	AF820377854
<b>Licensee Name:</b>	Felicia Marginean
<b>Licensee Address:</b>	9637 Janet St. Taylor, MI 48180
<b>Licensee Telephone #:</b>	(313) 247-3927
<b>Licensee/Licensee Designee:</b>	Felicia Maginean
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	NEW HOPE FAMILY CARE
<b>Facility Address:</b>	9637 JANET ST TAYLOR, MI 48180
<b>Facility Telephone #:</b>	(313) 247-3927
<b>Original Issuance Date:</b>	05/02/2016
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/08/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 3  
No. of others interviewed Role:

- 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.  
Residents had eaten prior to inspection.
- 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 regular license to this AFC adult family home (capacity 1-6).



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Pandrea Robinson  
Licensing Consultant

10/11/2024  
Date