



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 23, 2024

Eurice Paige  
Lotus Community Living Supports Inc.  
Suite 208  
481 North Main Street  
Frankemuth, MI 48734

RE: License #:	AS250411399 <b>Kimberly Oaks Home</b> <b>5279 Jennings Road</b> <b>Flint, MI 48504</b>
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Dear Eurice Paige:

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 are 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 (517) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250411399
<b>Licensee Name:</b>	Lotus Community Living Supports Inc.
<b>Licensee Address:</b>	Suite 208 481 North Main Street Frankemuth, MI 48734
<b>Licensee Telephone #:</b>	(810) 689-2935
<b>Licensee/Licensee Designee:</b>	Eurice Paige
<b>Administrator:</b>	Eurice Paige
<b>Name of Facility:</b>	Kimberly Oaks Home
<b>Facility Address:</b>	5279 Jennings Road Flint, MI 48504
<b>Facility Telephone #:</b>	(810) 689-2935
<b>Original Issuance Date:</b>	07/20/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/12/2024

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

Date of Health Authority Inspection if applicable: 09/16/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 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? 2 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.

*Martin Gonzales*

12/23/2024

Martin Gonzales Licensing Consultant 517-388-8753	Date
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