



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 16, 2024

Victoria Svet
V.S. Care, Inc.
27136 Delton St.
Madison Heights, MI 48071

RE: License #: AS630379219
Ambrosia Villa
27136 Delton St.
Madison Heights, MI 48071

Dear Ms. Svet:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license is renewed. The license 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 that reads "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630379219
Licensee Name:	V.S. Care, Inc.
Licensee Address:	27136 Delton St. Madison Heights, MI 48071
Licensee Telephone #:	(248) 207-6511
Licensee Designee:	Victoria Svet
Administrator:	Victoria Svet
Name of Facility:	Ambrosia Villa
Facility Address:	27136 Delton St. Madison Heights, MI 48071
Facility Telephone #:	(248) 207-6511
Original Issuance Date:	06/09/2016
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/16/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
This facility has not had residents in care since September 2024, there are no medications and/or staff onsite to complete a medication pass.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
Historical medication records were reviewed however, physical medications were not observed as there are no residents currently in care.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. Historical resident funds documentation was reviewed as there are no current residents in care
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
The onsite inspection was not conducted during 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 incidents to follow up on.
- 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.



12/16/2024

Johnna Cade
Licensing Consultant

Date