



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 26, 2024

Angelo Balisi
Angelicare Adult Foster Home LLC
26633 Haverhill Drive
Warren, MI 48091

RE: License #: AS500418322
Angelicare Adult Foster Home 2
32217 Cambridge Dr.
Warren, MI 48093

Dear Mr. Balisi:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License #: AS500418322

Licensee Name: Angelicare Adult Foster Home LLC

Licensee Address: 26633 Haverhill Drive
Warren, MI 48091

Licensee Telephone #: (248) 971-4747

Licensee/Licensee Designee: Angelo Balisi

Administrator: Angelo Balisi

Name of Facility: Angelicare Adult Foster Home 2

Facility Address: 32217 Cambridge Dr.
Warren, MI 48093

Facility Telephone #: (248) 971-4747

Original Issuance Date: 06/07/2024

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/26/2024

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 2

No. of residents interviewed and/or observed 6

No. of others interviewed N/A Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
I observed medications.
- 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 regular license to this AFC adult small group home (capacity 1-6).



11/26/2024

LaShonda Reed
Licensing Consultant

Date