



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 4, 2025

Madiha Zeeshan  
Grand Blanc Assisted Living, LLC  
219 Church St.  
Auburn, MI 48611

RE: License #: AL250390289  
Grand Blanc Fields Assisted Living  
12628 Pagels Drive  
Grand Blanc, MI 48439

Dear Ms. Zeeshan:

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

Anthony Humphrey, 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>	AL250390289
<b>Licensee Name:</b>	Grand Blanc Assisted Living, LLC
<b>Licensee Address:</b>	12628 Pagels Drive Grand Blanc, MI 48439
<b>Licensee Telephone #:</b>	(810) 606-0823
<b>Licensee/Licensee Designee:</b>	Madiha Zeeshan
<b>Administrator:</b>	Madiha Zeeshan
<b>Name of Facility:</b>	Grand Blanc Fields Assisted Living
<b>Facility Address:</b>	12628 Pagels Drive Grand Blanc, MI 48439
<b>Facility Telephone #:</b>	(810) 606-0823
<b>Original Issuance Date:</b>	08/03/2018
<b>Capacity:</b>	20
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/27/2025

Date of Bureau of Fire Services Inspection if applicable: 12/13/2024

Date of Health Authority Inspection if applicable: 01/27/2025

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 16

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.
- 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:  
al312(6), al312(2) 12/10/2024
- al401(2) 11/22/2024 N/A ☐
- Number of excluded employees followed-up? two 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.

This facility was found to be in non-compliance with the following rules:

**R 400.15401            Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

During my onsite, Room #13 water temperature was 129 degrees Fahrenheit.  
**R 400.15401            Environmental health.**

**(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.**

During my onsite, two of the trash cans did not have lids on them.  
**R 400.15403            Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

During my onsite, bedroom #20, had what to appear to be a leak coming from the ceiling. There was not a leak at the time of inspection, however; there was a stain on the ceiling.

#### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license, pending the receipt of an acceptable corrective action plan has been received and receipt of the licensing application and application fee.



for Martin Gonzales

02/02/2025

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Martin Gonzales  
Licensing Consultant

Date