



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 22, 2025

Anna Paige
Paige's Supervised Comm Living Inc
G 3472 W Pasadena Ave
Flint, MI 48504

RE: License #:	AM250008195 Paige Supv Comm Liv Inc G3472 W Pasadena Ave Flint, MI 48504
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Dear Ms. 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 will be renewed upon receipt of the Renewal Licensee Fee. 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

License #:	AM250008195
Licensee Name:	Paige's Supervised Comm Living Inc
Licensee Address:	G 3472 W Pasadena Ave Flint, MI 48504
Licensee Telephone #:	(810) 732-6485
Licensee/Licensee Designee:	Anna Paige
Administrator:	Anna Paige
Name of Facility:	Paige Supv Comm Liv Inc
Facility Address:	G3472 W Pasadena Ave Flint, MI 48504
Facility Telephone #:	(313) 732-5533
Original Issuance Date:	12/08/1982
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/21/2025

Date of Bureau of Fire Services Inspection if applicable: 09/25/2024

Date of Environmental/Health Inspection if applicable: n/a

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 9

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? 0 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

Upon receipt of the Renewal Licensee Fee, I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).



04-22-2025

Martin Gonzales Licensing Consultant 517-388-8753	Date
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