



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 15, 2025

Charlene McNeal
Irvine Head Injury Home Inc
30066 Ponds View Dr
Franklin, MI 48025

RE: License #: AS630012783
Irvine Head Injury Home
13531 Irvine
Oak Park, MI 48237

Dear Mrs. McNeal:

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) 972-9136.

Sincerely,

A handwritten signature in cursive script, reading "Sara E. Shaughnessy".

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-320-3721

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

I. IDENTIFYING INFORMATION

License #:	AS630012783
Licensee Name:	Irvine Head Injury Home Inc
Licensee Address:	30066 Ponds View Dr Franklin, MI 48025
Licensee Telephone #:	(248) 415-2500
Licensee/Licensee Designee:	Charlene McNeal and Artesia McNeal
Administrator:	Charlene McNeal
Name of Facility:	Irvine Head Injury Home
Facility Address:	13531 Irvine Oak Park, MI 48237
Facility Telephone #:	(248) 542-4423
Original Issuance Date:	12/30/1992
Capacity:	6
Program Type:	MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/14/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Environmental/Health Inspection if applicable: NA

No. of staff interviewed and/or observed 2

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.
- 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.
The onsite inspection did not take place during mealtime, an adequate amount of food was observed.
- 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: 06/07/2023; 400/734b, 400.14203, 400.14315, 400.14407 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.

RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

A handwritten signature in blue ink that reads "Sara E. Shaughnessy". The signature is fluid and cursive, with the first name "Sara" and last name "Shaughnessy" clearly legible, and a middle initial "E." in between.

05/15/2025

Sara Shaughnessy
Licensing Consultant

Date