



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 10, 2025

Shoheli Talukder  
59296 Noah Lake Road  
Three Rivers, MI 49093

RE: License #: AF750413830  
**Noah Lake Adult Foster Care Home**  
**59296 Noah Lake Road**  
**Three Rivers, MI 49093**

Dear Ms. Talukder:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You submitted a Statement of Correction regarding fire drills.

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) 335-5985.

Sincerely,

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF750413830
<b>Licensee Name:</b>	Shoheli Talukder
<b>Licensee Address:</b>	59296 Noah Lake Road Three Rivers, MI 49093
<b>Licensee Telephone #:</b>	(269) 273-3609
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Shoheli Talukder
<b>Name of Facility:</b>	Noah Lake Adult Foster Care Home
<b>Facility Address:</b>	59296 Noah Lake Road Three Rivers, MI 49093
<b>Facility Telephone #:</b>	(269) 273-3609
<b>Original Issuance Date:</b>	02/24/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/09/2025

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 1

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: N/A

- 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. Facility does not handle resident funds
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
Inspection did not occur 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.
- 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 found to be in non-compliance with the following rules:

**R 400.1438**

**Emergency preparedness; evacuation plan; emergency transportation.**

**(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.**

**FINDINGS:** Fire drills not conducted according to administrative rule for quarterly fire drills.

A corrective action plan was requested and approved on 07/09/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*Nile Khabeiry, LMSW*

7/10/25

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Nile Khabeiry  
Licensing Consultant

Date