GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 14, 2025

Sunil Bhattad
Auburn Fields Assisted Living II, LLC
4710 Stephanie Ct
Auburn, MI 48611

RE: License #: AL090356074
Auburn Fields Assisted Living
4710 Stephanie Court
Auburn, MI 48611

Dear Ms. Bhattad:

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,

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #:	AL090356074
Licensee Name:	Auburn Fields Assisted Living II, LLC
Licensee Address:	4710 Stephanie Ct Auburn, MI 48611
Licensee Telephone #:	(248) 765-5209
Licensee/Licensee Designee:	Sunil Bhattad
Administrator:	Sunil Bhattad
Name of Facility:	Auburn Fields Assisted Living
Facility Address:	4710 Stephanie Court Auburn, MI 48611
Facility Telephone #:	(248) 765-5209
Original Issuance Date:	09/16/2014
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/14/2025

Date of Bureau of Fire Services Inspection if applicable: 11/19/2024

Date of Health Authority Inspection if applicable: 03/14/2025

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 17
No. of others interviewed Role: Licensee Dessignee

- 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? 2 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 2 year regular adult foster care license.

03/14/2025

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Anthony Humphrey Date
Licensing Consultant