



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 27, 2025

Kimberly Rocca-Riffle
Creative Lifestyles, Inc.
Suite 400
52188 Van Dyke
Shelby Township, MI 48316

RE: License #: AS500270757
Sterritt Heights
44740 Sterritt
Sterling Heights, MI 48314-1560

Dear Ms. Rocca-Riffle:

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 are 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 that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License #: AS500270757

Licensee Name: Creative Lifestyles, Inc.

Licensee Address: Suite 400
52188 Van Dyke
Shelby Township, MI 48316

Licensee Telephone #: (586) 997-9401

Licensee/Licensee Designee: Kimberly Rocca-Riffle

Administrator: Mandi Blasky

Name of Facility: Sterritt Heights

Facility Address: 44740 Sterritt
Sterling Heights, MI 48314-1560

Facility Telephone #: (586) 323-0354

Original Issuance Date: 01/28/2005

Capacity: 6

Program Type: MENTALLY ILL

Certified Programs: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/10/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes No If no, explain.
I observed medications.
- 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.
I observed adequate food supply.
- 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:
06/30/2023; as403(1) 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.

IV. RECOMMENDATION

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

L. Reed

06/27/2025

LaShonda Reed
Licensing Consultant

Date