



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 28, 2025

Teri Kowalski
Mayfield Assisted Living & Care
32820 6 Mile Rd
Livonia, MI 48152

RE: License #: AS820417813
Mayfield Northgate
36038 Northgate Dr
Livonia, MI 48152

Dear Ms. Kowalski:

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 (313) 456-0439.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #:	AS820417813
Licensee Name:	Mayfield Assisted Living & Care
Licensee Address:	32820 6 Mile Rd Livonia, MI 48152
Licensee Telephone #:	(734) 744-9086
Licensee/Licensee Designee:	Teri Kowalski, Designee
Administrator:	
Name of Facility:	Mayfield Northgate
Facility Address:	36038 Northgate Dr Livonia, MI 48152
Facility Telephone #:	(248) 687-4545
Original Issuance Date:	01/30/2025
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

07/21/2025, 07/25/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed

2

No. of residents interviewed and/or observed

4

No. of others interviewed

Role:

- 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? 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.



Jeffrey J. Bozsik
Licensing Consultant

Date: 7/28/2025