

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 5, 2025

Sheana Waldburg Heavenly Comfort LLC 19103 Woodmont Harper Woods, MI 48225

RE: License #: AS630417850

Heavenly Comfort Southfield

19230 Silvercrest Southfield, MI 48075

Dear Sheana Waldburg:

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 are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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,

Frodet Dawisha, Licensing Consultant Bureau of Community and Health Systems

Irrodet Navisha

Cadillac Place 3026 W. Grand Blvd., Ste 9-100

Detroit, MI 48202 (248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630417850	
Licensee Name:	Heavenly Comfort LLC	
Licensee Address:	19230 Silvercrest Drive	
	Southfield, MI 48075	
	(2.42) 227 222	
Licensee Telephone #:	(313) 307-0002	
Administrator/Licenses Decisions	Chana Waldhura	
Administrator/Licensee Designee:	Sheana Waldburg	
Name of Facility:	Heavenly Comfort Southfield	
Name of Facility.	Treaverily Cornior Southness	
Facility Address:	19230 Silvercrest	
Talenta Tale	Southfield, MI 48075	
	,	
Facility Telephone #:	(313) 307-0002	
Original Issuance Date:	08/15/2024	
Capacity:	5	
Program Type:	PHYSICALLY HANDICAPPED	
	DEVELOPMENTALLY DISABLED	
	MENTALLY ILL	
	AGED	

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/05/2	025		
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A		
Date	e of Health Authority Inspection if applicable:	I	N/A		
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: licensee	designe	2 2 e		
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.		
•	Medication(s) and medication record(s) revie	wed? Y	es 🛭 No 🗌 If no, explain.		
•	Yes ⊠ No ☐ If no, explain. Meal preparation / service observed? Yes ☐ No ☒ If no, explain. did not occur during inspection				
•	Fire safety equipment and practices observe	d? Yes	⊠ No If no, explain.		
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □				
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	ain.		
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up?		CAP date/s and rule/s: 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 400.14207	Required personnel policies.	
	(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.	

During the on-site inspection on 08/05/2025, direct care staff Cecilia Hobbs and Janis Moore did not have verification of receipt of the policies and procedures in their personnel records.

R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

During the on-site inspection on 08/05/2025, the menu was not written at least 1 week in advance and posted in the home.

R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the on-site inspection on 08/05/2025, the hot water in the kitchen was 121.8° Fahrenheit which is outside the safe range of 105°-120° Fahrenheit.

A corrective action plan was requested and approved on 08/05/2025. 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.

Frodet Dawisha Date
Licensing Consultant