



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 5, 2025

Jeffrey Perczyk  
Life Skills Residential, LLC  
SUITE #103  
25900 Greenfield Road  
Oak Park, MI 48237

RE: License #: AS630394457  
**Life Skills Residential-The Loop**  
**25640 Lincoln Terrace Dri**  
**Oak Park, MI 48237**

Dear Mr. Perczyk:

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-308-6012  
Fax: 517-763-0204

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630394457

**Licensee Name:** Life Skills Residential, LLC

**Licensee Address:** SUITE #103  
25900 Greenfield Road  
Oak Park, MI 48237

**Licensee Telephone #:** (248) 536-5080

**Licensee/Licensee Designee:** Jeffrey Perczyk

**Administrator:** Jeffrey Perczyk

**Name of Facility:** Life Skills Residential-The Loop

**Facility Address:** 25640 Lincoln Terrace Dri  
Oak Park, MI 48237

**Facility Telephone #:** (248) 536-5080

**Original Issuance Date:** 02/14/2019

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/05/2025

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 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: LD/Admin

- 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.  
Inspection was completed outside of meal prep hours
- 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 the issuance of a regular license to this AFC adult small group home (capacity 1-6).

*Stephanie Gonzalez*

9/5/2025

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Stephanie Gonzalez  
Licensing Consultant

Date