



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 16, 2025

Anna Paige  
Paige's Supervised Comm Living Inc  
G 3472 W Pasadena Ave  
Flint, MI 48504

RE: License #:	AS250010947 <b>Reid Road Home</b> <b>7214 Reid Rd</b> <b>Swartz Creek, MI 48473</b>
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Dear Anna Paige:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive, flowing style.

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250010947
<b>Licensee Name:</b>	Paige's Supervised Comm Living Inc
<b>Licensee Address:</b>	G 3472 W Pasadena Ave Flint, MI 48504
<b>Licensee Telephone #:</b>	(810) 732-6485
<b>Licensee/Licensee Designee:</b>	Anna Paige
<b>Administrator:</b>	Anna Paige
<b>Name of Facility:</b>	Reid Road Home
<b>Facility Address:</b>	7214 Reid Rd Swartz Creek, MI 48473
<b>Facility Telephone #:</b>	(810) 635-4674
<b>Original Issuance Date:</b>	09/25/1991
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/15/2025

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

Date of Environmental/Health Inspection if applicable: 08/20/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: N/A

- 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.  
My inspection did not take place during a mealtime.
- 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:  
R 400.14510(2), R 400.14403(5), R 400.14312(4)( c ) N/A
- Number of excluded employees followed-up? 3 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:	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.</b>
<p>At the time of my onsite inspection, I noted the following:</p> <ul style="list-style-type: none"> <li>• The floors and part of one wall in the shower bathroom are cracked, broken, and not impervious to water.</li> <li>• The floor in the tub bathroom has cracks that need to be repaired or replaced.</li> </ul> <p><b>Repeat violation established: Ref. Renewal LSR dated 10/02/23, CAP dated 10/18/23.</b></p>	
<b>R 400.14505</b>	<b>Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.</b>
	<b>(6) For new construction, conversions, and changes of category, approved smoke detectors shall be installed in accordance with the requirements contained in the publication of the national fire protection association entitled "NFPA 101, Life Safety Code, 1988," shall be powered from the building's electrical system, and, when activated, shall initiate an alarm that is audible in all sleeping rooms with the door closed. Detectors shall be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional detectors shall be installed in living rooms, dens, dayrooms, and similar spaces.</b>
<p>At the time of my onsite inspection, I noted that when the smoke alarm was set off, an alarm was not audible in all areas of the home with the doors closed. The smoke alarm must be tested and repaired.</p>	

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Susan Hutchinson*

September 16, 2025

Susan Hutchinson Licensing Consultant	Date
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