



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 2, 2025

Neomi Saydee
Faith Family Home LLC
PO BOX 5529
5228 South Washington Av
Lansing, MI 48911

RE: License #: AS330418977
Faith Family Home
5228 South Washington Ave
Lansing, MI 48911

Dear Ms. Saydee:

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 (517) 335-5985.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS330418977

Licensee Name: Faith Family Home LLC

Licensee Address: PO BOX 5529
5228 South Washington Av
Lansing, MI 48911

Licensee Telephone #: (517) 289-7668

Licensee Designee/Administrator: Neomi Saydee

Name of Facility: Faith Family Home

Facility Address: 5228 South Washington Ave
Lansing, MI 48911

Facility Telephone #: (517) 420-0653

Original Issuance Date: 04/14/2025

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/02/2025

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

Date of Health Authority Inspection if applicable: Public Water/Sewer

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: LD/Administrator

- 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

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license to this AFC adult small group home capacity 5.

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

Bridget Vermeesch

10/02/2025

Bridget Vermeesch
Licensing Consultant

Date