



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 29, 2025

Almaz Befant
El Shaddai Homes, LLC
5980 Petros Dr
West Bloomfield, MI 48324

RE: License #: AS630417589
El Shaddai Homes LLC
21008 Robinwood St.
Farmington, MI 48336

Dear Ms. Befant:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing, and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630417589
Licensee Name:	El Shaddai Homes, LLC
Licensee Address:	5980 Petros Dr West Bloomfield, MI 48324
Licensee Telephone #:	(313) 443-1367
Licensee Designee:	Almaz Befant
Administrator:	Almaz Befant
Name of Facility:	El Shaddai Homes LLC
Facility Address:	21008 Robinwood St. Farmington, MI 48336
Facility Telephone #:	(248) 482-7121
Original Issuance Date:	09/24/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/29/2025

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
The facility does not have any residents or staff at this time therefore, there are no medications on site.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
The facility does not have any residents or staff at this time therefore, there are no medications on site.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. The facility does not have any residents at this time therefore, there are no funds on site.
- Meal preparation / service observed? Yes No If no, explain.
The facility does not have any residents at this time.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
Fire safety equipment inspected.
- 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.
There are no incidents to follow up on as the facility does not have residents.
- 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 found to be in non-compliance with the following rules:	
MCL 400.713	License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.
	(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following: (b) The applicant's compliance with this act and rules promulgated under this act.
The facility has not had residents in care since the issuance of the original license effective 09/24/2024 - 03/23/2025. A 1 st provisional license was issued effective 03/27/2025 - 09/26/2025. The facility continues to have no residents in care.	

R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of the onsite inspection on 09/29/25, the service door in the garage was not equipped with positive-latching, non-latching-against- egress hardware.

A corrective action plan was requested and approved on 09/29/2025. 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. Issuance of a provisional license is recommended.

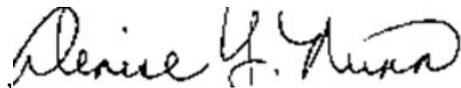


09/29/2025

Johnna Cade
Licensing Consultant

Date

Approved By:



09/29/2025

Denise Y. Nunn
Area Manager

Date