



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 9, 2025

Otties Woods
Focused Home Care Services LLC
Lower-Level Suite B
36051 Five Mile Rd.
Livonia, MI 48152

RE: License #: AS500418320
The Brittany Residence
22477 Brittany Ave
Eastpointe, MI 48021

Dear Mr. Woods:

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 "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License #: AS500418320

Licensee Name: Focused Home Care Services LLC

Licensee Address: #367
36500 Ford Rd.
Westland, MI 48185

Licensee Telephone #: (678) 668-1030

Licensee/Licensee Designee: Otties Woods

Administrator: Matthew Moree

Name of Facility: The Brittany Residence

Facility Address: 22477 Brittany Ave
Eastpointe, MI 48021

Facility Telephone #: (586) 536-6440

Original Issuance Date: 09/20/2024

Capacity: 1

Program Type: MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/09/2025

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 1

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: 0

- Medication pass / simulated pass observed? Yes No If no, explain.
I observed medication records.
- 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.
I observed adequate food supply.
- 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.
There were no reportable incidents.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
40/10/2025; as210 as313(4) as208(3)(a) as207(1) as208(1) as301(2)(b)
as301(4) as301(6) as403(5) as403(13) as403(11) as403(2) as403(1) as301(8)
as306(2) as312(3) as312(4)(c) as401(2) as402(1) 8312(2) 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 issuance of a regular license to this AFC adult small group home (capacity 1).



10/09/2025

LaShonda Reed
Licensing Consultant

Date