



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 14, 2026

Charlotte Coleman-White  
Charlottes Care Inc  
17373 Roxbury  
Southfield, MI 48075

RE: License #: AS820014266  
**Charlotte's Care**  
**465 Plum Street**  
**Wyandotte, MI 48192**

Dear Coleman-White:

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. Therefore, 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 (313) 456-0439.

Sincerely,

A handwritten signature in black ink that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3029

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820014266
<b>Licensee Name:</b>	Charlottes Care Inc
<b>Licensee Address:</b>	17373 Roxbury Southfield, MI 48075
<b>Licensee Telephone #:</b>	(248) 761-7452
<b>Licensee/Licensee Designee:</b>	Charlotte Coleman-White
<b>Administrator:</b>	Charlotte Coleman-White
<b>Name of Facility:</b>	Charlotte's Care
<b>Facility Address:</b>	465 Plum Street Wyandotte, MI 48192
<b>Facility Telephone #:</b>	(734) 285-1143
<b>Original Issuance Date:</b>	02/03/1989
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/12/2026

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: 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.
- Fire drills reviewed? Yes  No  If no, explain.  
The residents were not home.
- 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.  
none
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
02/15/2024/Rules: 204 (3), 205 (5) 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:

**R 400.691**

**Resident records.**

**(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:  
(g) Admission and monthly weight record.**

Resident A's weight records for the year 2024 were not documented after 04/28/2024.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



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Regina Buchanan  
Licensing Consultant

01/14/2026  
Date