



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 24, 2026

Deana Fisher
St. Louis Center for Exceptional Children & Adults
16195 Old US-12
Chelsea, MI 48118

RE: License #: AM810417257
St Joseph Hall
16199 W. Old US 12
Chelsea, MI 48118

Dear Ms. Fisher:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license and special certification are renewed. The license and special certification 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) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

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

I. IDENTIFYING INFORMATION

License #:	AM810417257
Licensee Name:	St. Louis Center for Exceptional Children & Adults
Licensee Address:	16195 Old US-12 Chelsea, MI 48118
Licensee Telephone #:	(734) 495-8430
Licensee/Licensee Designee:	Deana Fisher
Administrator:	Deana Fisher
Name of Facility:	St Joseph Hall
Facility Address:	16199 W. Old US 12 Chelsea, MI 48118
Facility Telephone #:	(734) 475-8430
Original Issuance Date:	09/21/2023
Capacity:	11
Program Type:	DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/24/2026

Date of Bureau of Fire Services Inspection if applicable: 11/06/2025

Date of Environmental/Health Inspection if applicable: 11/20/2025

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed ████████ Role: ████████

- Medication pass / simulated pass observed? Yes No If no, explain.
Paperwork reviewed only.
- 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.
Paperwork reviewed only.
- 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? 3 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 2 year regular adult foster care license.



Vanita C. Bouldin
Licensing Consultant

Date: 03/09/2026