



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 6, 2026

Janay Schaffer
38855 Plumbrook Dr
Farmington Hills, MI 48331

RE: License #: AS630417508
Building Faith Inc
3335 Lone Pine
West Bloomfield, MI 48323

Dear Ms. Schaffer:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 #:	AS630417508
Licensee Name:	Janay Schaffer
Licensee Address:	38855 Plumbrook Dr Farmington Hills, MI 48331
Licensee Telephone #:	(248) 200-6008
Licensee Designee:	Janay Schaffer
Administrator:	Janay Schaffer
Name of Facility:	Building Faith Inc
Facility Address:	3335 Lone Pine West Bloomfield, MI 48323
Facility Telephone #:	(248) 200-6008
Original Issuance Date:	06/12/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/05/2026

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 3
No. of others interviewed 1 Role: Licensee designee

- 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.
The inspection did not occur during mealtime.
- 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 incidents to follow up on.
- 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 400.734b	<p>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</p>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

At the time of the onsite inspection completed on 02/05/26, direct care staff Yolanda Matthews did not have a workforce background check (WBC) letter onsite and available for review showing that she is eligible to work in the home.	
R 400.615	Resident register.
	A licensee shall maintain a chronological register of all residents admitted that includes the following information for each resident: (a) Resident full name. (b) Resident date of birth. (c) Date of admission. (d) Date of discharge and location, if known, where the resident moved.
At the time of the onsite inspection completed on 02/05/26, there was no Resident Register onsite and available for review.	
R 400.631	Health screenings.
	(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.
At the time of the onsite inspection completed on 02/05/26, direct care staff Yolanda Matthews did not have a statement signed by a licensed physician or physician's designee attesting to her physical health completed within 30 days of her employment start date.	
R 400.631	Health screenings.
	(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

At the time of the onsite inspection completed on 02/05/26, direct care staff Yolanda Matthews did not have a communicable disease health screening onsite and available for review.	
R 400.637	Handling of resident funds and valuables.
	(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.
At the time of the onsite inspection completed on 02/05/26, I observed the following: <ul style="list-style-type: none"> • Section B on Resident A and Resident B's Funds Part I form was incomplete. • Resident A's Funds Part II form contained no transactions to reflect payment for services in December 2025 & January 2026. • Resident B's Funds Part II form contained no transactions to reflect payment for services in November 2025, December 2025 & January 2026. 	
R 400.639	Staff records.
	(1) A licensee shall maintain a record for each staff that contains all of the following: <ul style="list-style-type: none"> (f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.
At the time of the onsite inspection completed on 02/05/26, direct care staff Yolanda Matthews employee file contained two references however, there was no indication or documentation verifying reference checks were attempted.	
R 400.645	Environmental health.
	(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.
At the time of the onsite inspection completed on 02/05/26, the water throughout the home was 125 degrees Fahrenheit which is out of the safe range.	
R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of the onsite inspection completed on 02/05/26, when activated, the smoke detection system did not initiate an alarm that was audible in all areas of the facility.	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.
At the time of the onsite inspection completed on 02/05/26, Resident A's written assessment plan was not signed by her guardian.	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(8) A resident care agreement must be signed by all applicable parties. A copy of the signed resident care agreement along with copies of the policies listed in subrule (6) of this rule must be provided to the resident or the resident's designated representative and maintained in the resident's record.
At the time of the onsite inspection completed on 02/05/26, Resident A's resident care agreement was not signed by her guardian.	
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.
At the time of the onsite inspection completed on 02/05/26, there was no monthly weight record for Resident B onsite and available for review.	
R 400.731	Flame-producing equipment; enclosures.
	(1) If the heating plant is in the basement, standard building material may be used for the floor separation. Floor separation must also include at least 1-3/4-inch solid core wood door or equivalent equipped with an automatic self-closing device to create a floor separation between the basement and the first floor.

At the time of the onsite inspection completed on 02/05/26, I observed vertical splitting of the wood grain on the 1-3/4-inch solid core wood door that provides an enclosure for the heat plan.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



02/06/2026

Johnna Cade
Licensing Consultant

Date