



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 6, 2026

Laurie Labie  
Enriched Living, LLC  
Suite A  
3265 Walker Ave. NW  
Grand Rapids, MI 49544

RE: License #:	AS410419457 Enriched Living - Awixa 1743 Awixa Ave NW Grand Rapids, MI 49544
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Dear Ms. Labie:

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 and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads 'Elizabeth Elliott'.

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410419457
<b>Licensee Name:</b>	Enriched Living, LLC
<b>Licensee Address:</b>	Suite A 3265 Walker Ave. NW Grand Rapids, MI 49544
<b>Licensee Telephone #:</b>	(586) 295-1674
<b>Licensee/Licensee Designee:</b>	Laurie Labie, Designee
<b>Administrator:</b>	Laurie Labie, Administrator
<b>Name of Facility:</b>	Enriched Living - Awixa
<b>Facility Address:</b>	1743 Awixa Ave NW Grand Rapids, MI 49544
<b>Facility Telephone #:</b>	(586) 295-1674
<b>Original Issuance Date:</b>	10/08/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/02/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 04/02/2026

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Ashley Borgeld

- 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.
- 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? A Workforce Background check website review was conducted with Ms. Borgeld, program manager. Ms. Borgeld and I reviewed with Licensee Designee, Laurie Labie the findings that showed staff are not all correctly attached to the facilities they work in. Ms. Borgeld, and Ms. Labie have been educated on getting staff attached to the correct facilities they work in, and if the staff work at different homes within this corporation, they must be attached to each home individually. I have given Ms. Borgeld and Ms. Labie time to fix this issue. Ms. Labie stated it will be completed by 04/03/2026. As of 04/06/2026, a review of the WFBC site shows that this is in the works/has been completed. N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and special certification (Capacity 6).



04/06/2026

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Elizabeth Elliott  
Licensing Consultant

Date