GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 29, 2026

Mandi Lloyd
Blissful Home Care, LLC
1280 Munger Rd
LEVERING, MI 49755

RE: License #: AM240418226
Investigation #: 2026A0009027
Blissful Cottage

Dear Ms. Lloyd:

Attached is the Special Investigation Report for the above referenced facility. Due to the violation identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

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

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (231) 922-5309.

Sincerely,

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 350-0939

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AM240418226
Investigation #:	2026A0009027
Complaint Receipt Date:	06/08/2026
Investigation Initiation Date:	06/09/2026
Report Due Date:	07/08/2026
Licensee Name:	Blissful Home Care, LLC
Licensee Address:	1280 Munger Rd LEVERING, MI 49755
Licensee Telephone #:	(231) 203-1323
Administrator:	Mandi Lloyd
Licensee Designee:	Mandi Lloyd
Name of Facility:	Blissful Cottage
Facility Address:	1 Hiland Drive Petoskey, MI 49755
Facility Telephone #:	(231) 203-1323
Original Issuance Date:	12/17/2024
License Status:	REGULAR
Effective Date:	06/17/2025
Expiration Date:	06/16/2027
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED, AGED, DEVELOP. DISABLED, TRAUMATICALLY BRAIN INJURED & ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility has not conducted the required fire drills.	Yes

III. METHODOLOGY

06/08/2026	Special Investigation Intake 2026A0009027
06/09/2026	Special Investigation Initiated – Telephone call made to Brandon Flynn, State Fire Marshal Inspector
06/12/2026	Inspection Completed On-site Interview with care coordinator Brandi Piechowski and administrator Kalie Lechowicz
06/23/2026	Contact – Document received from Brandon Flynn, State Fire Marshal Inspector
06/26/2026	Contact – Telephone call made to licensee designee Mandi Lloyd
06/26/2026	Exit conference with licensee designee Mandi Lloyd

ALLEGATION: The facility has not conducted required fire drills

INVESTIGATION: I spoke with State Fire Marshal Inspector Brandon Flynn by telephone on June 9, 2026. He confirmed that that staff at the Blissful Cottage adult foster care home had not completed the required number of fire drills during the last year or so.

I conducted an unannounced site visit at the Blissful Cottage adult foster care home on June 12, 2026. I initially spoke with care coordinator Brandi Piechowski. She reported that she has worked at the facility for about a year. She said she was hired in May of 2025. I asked her if she was aware of any fire drills being practiced by staff and including the residents. Ms. Piechowski stated she believed they had conducted three fire drills since the time she was first hired. I discussed with her the requirement of how many fire drills need to be conducted at a licensed adult foster care home. She replied that she wasn't sure why they hadn't been done but that they were doing them now. One fire drill was completed the day the fire marshal made a visit. Ms. Piechowski said she believed they were ready to complete them as required now. She and I discussed their fire drill procedure and went to the meeting place outside the facility where residents practice going during the drill. This was away from where emergency vehicles would be pulling up in the case of an actual fire.

I then spoke with administrator Kalie Lechowicz who was present during the time of my inspection. She admitted that the fire drill requirement had been forgotten during the last year or so. Ms. Lechowicz told me she and the rest of the staff are now committed to making sure the drills are completed per the rule. She reported that they do not have set shifts per se since staff are coming and going at various times of the day. I went over the fire drill requirement rule with her regarding how many fire drills and during what times of day they are to be completed. Ms. Lechowicz showed me the fire drill log sheets they use to keep track of the date, time, duration and other pertinent information from the drill. I asked her to provide me with documentation of all fire drills since my last inspection in June of 2025. The documentation she provided showed that drills were completed on September 30, 2025 at 3:05 p.m., June 7, 2026 at 7:05 p.m. and June 8, 2026 at 10:45 a.m. She agreed this was insufficient given the rule. I mentioned that if they complete a sleeping hours drill by June 30, 2026, they will be in compliance for this quarter, the second quarter of 2026.

I received documentation from State Fire Marshal Inspector Brandon Flynn on June 23, 2026. He reported that the facility is now in compliance with fire drills since the time of our visits.

I spoke with Mandi Lloyd by telephone on June 26, 2026. She said she was aware that all the required fire drills had not been completed since my last inspection. Ms. Lloyd said it was an oversight on their part and she knows it is an important requirement. She said they are now back on track on getting all of those done properly per the requirement.

APPLICABLE RULE	
R 400.619	**Emergency preparedness plan.**
	(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.
ANALYSIS:	It was confirmed through this investigation that the licensee did not practice the required number of fire drills during the third and fourth quarters of 2025 and the first quarter of 2026.
CONCLUSION:	**VIOLATION ESTABLISHED**

I conducted an exit conference with licensee designee Mandi Lloyd on June 26, 2026. I told her of the findings of my investigation and gave her the opportunity to ask questions.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the license status.

06/26/2026

Adam Robarge — Date
Licensing Consultant

Approved By:

06/29/2026

Jerry Hendrick — Date
Area Manager