GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 21, 2026

Kimberly Bishop
32477 Six Mile Rd
LIVONIA, MI 48152

RE: License #: AF820389964
Kim's Comforts Of Home
32477 Six Mile Rd
Livonia, MI 48152

Dear Mrs. Bishop:

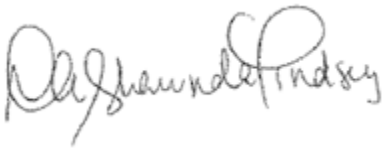
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 or home for the aged authorized representative 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 (313) 456-0380.

Sincerely,



DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License #:	AF820389964
Licensee Name:	Kimberly Bishop
Licensee Address:	32477 Six Mile Rd LIVONIA, MI 48152
Licensee Telephone #:	(313) 952-0945
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Kim's Comforts Of Home
Facility Address:	32477 Six Mile Rd Livonia, MI 48152
Facility Telephone #:	(313) 952-0945
Original Issuance Date:	02/06/2018
Capacity:	4
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/21/2026

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 0
No. of residents interviewed and/or observed 4
No. of others interviewed 1 Role: Licensee

- 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 a meal time.
- 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 incident reports that required a follow-up.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
  SI 2025- af418(4)(a) 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:

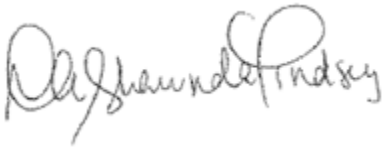
R 400.619	**Emergency preparedness plan.**
	(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.
At the time of the inspection, there was no verification a fire drill was conducted per shift, per quarter.	
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.
The water temperature in the kitchen was 127.7 degrees Fahrenheit.	
R 400.645	**Environmental health.**
	(5) Garbage and rubbish that contains food waste must be maintained in leakproof, non-absorbent containers. Containers must be covered with tight-fitting lids and removed from the facility daily and from the premises at least weekly.
There was not a lid on the garbage can in the kitchen.	
R 400.661	**Bedroom furnishings.**
	(1) Bedroom furnishings must include all of the following: (e) Chair.
There was not a chair in the residents' bedrooms.	
R 400.661	**Bedroom furnishings.**
	(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.

There was not a mirror in Resident A’s bedroom.	
R 400.665	**Food service.**
	(5) Refrigerators and freezers must be equipped with thermometers.
The refrigerator and freezer were not equipped with thermometers.	
R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**
	(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.
There was no verification that a health care appraisal was completed for Resident A annually. Resident B was admitted into the facility on 03/16/2026. The health care appraisal was not completed until 04/22/2026.	
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.
Resident A’s assessment was completed on 03/20/2025. The plan was not signed by Resident A’s guardian. In addition, there was no verification that an assessment was completed annually.	
R 400.685	**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

	(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.
There was no verification that a resident care agreement was completed annually.	
R 400.725	**Means of egress.**
	(5) Facilities that accommodate residents who regularly require wheelchairs must be equipped with ramps located at 2 approved means of egress from the first floor. Ramps constructed before the effective date of these rules must not exceed 1 foot of rise in 12 feet of run. Ramps constructed on or after the effective date of these rules must comply with R 400.647(10). A ramp is not required when an egress door is level with the walkway.
The facility only has one approved wheelchair ramp.	
R 400.737	**Means of egress.**
	(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.
The egress doors were not equipped with non-locking-against-egress hardware.	

IV. RECOMMENDATION

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



07/21/2026

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DaShawnda Lindsey Date
Licensing Consultant