GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 9, 2026

Jacqueline Jackson-Broxton
A Nice Place That's Home LLC
P.O. Box 2585
Southfield, MI 48223

RE: License #: AS820418133
**A Nice Place That's Home LLC**
**14339 Stahelin Ave.**
**Detroit, MI 48223**

Dear Jacqueline Jackson-Broxton:

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 is renewed. It 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,

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 300-9922

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS820418133 |
| **Licensee Name:** | A Nice Place That's Home LLC |
| **Licensee Address:** | 14339 Stahelin<br>Detroit, MI 48223 |
| **Licensee Telephone #:** | (313) 570-4180 |
| **Licensee/Licensee Designee:** | Jacqueline Jackson-Broxton |
| **Administrator:** | Jacqueline Jackson-Broxton |
| **Name of Facility:** | A Nice Place That's Home LLC |
| **Facility Address:** | 14339 Stahelin Ave.<br>Detroit, MI 48223 |
| **Facility Telephone #:** | (313) 570-4180 |
| **Original Issuance Date:** | 12/04/2025 |
| **Capacity:** | 6 |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>MENTALLY ILL<br>AGED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/09/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
  A full worksheet inspection was completed.
- 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.
  No residents in care at the time of this renewal inspection.
- 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? 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.

On 07/09/2026, I completed an exit conference with, licensee designee, Jacqueline Jackson-Broxton. I explained that the renewal evaluation was based solely on observations and information related to one resident who had been admitted for less than one month and discharged at the time of this inspection. Additionally, no direct care staff have been hired at this time, and no personnel files were reviewed as part of the evaluation. In the future, renewal evaluations will include a comprehensive review of the home's staffing, personnel records, resident records and ongoing operations to accurately reflect the program's overall compliance and operational practices. Jacqueline Jackson-Broxton stated she is committed to maintaining compliance.

## IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

07/09/2026

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Denasha Walker Date
Licensing Consultant