GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 1, 2026

Colette Shell
3390 Loon Lake Court
Waterford, MI 48329

RE: License #: AS630420235
**CCcare**
**58 Hazel Ave**
**Pontiac, MI 48341**

Dear Ms. Shell:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,



Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 West Grand Boulevard
2nd Floor Annex, Suite 2-730
Detroit, MI 48202

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS630420235 |
| | |
| **Licensee Name:** | Colette Shell |
| | |
| **Licensee Address:** | 429 Harvey<br>Pontiac, MI 48341 |
| | |
| **Licensee Telephone #:** | (248) 797-1455 |
| | |
| **Administrator:** | Colette Shell |
| | |
| **Name of Facility:** | CCcare |
| | |
| **Facility Address:** | 58 Hazel Ave<br>Pontiac, MI 48341 |
| | |
| **Facility Telephone #:** | (248) 797-1455 |
| | |
| **Original Issuance Date:** | 04/13/2026 |
| | |
| **Capacity:** | 6 |
| | |
| **Program Type:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |
| | |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/30/2026

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 0
No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
  The facility does not have any residents or staff at this time therefore, there are no medications on site.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
  The facility does not have any residents or staff at this time therefore, there are no medications on site.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. The facility does not have any residents at this time therefore, there are no funds on site.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
  The facility does not have any residents at this time.
  - Fire drills reviewed? Yes ☐ No ☒ If no, explain.
    The facility does not have any residents at this time therefore, there are no fire drills.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.

  - E-scores reviewed? (Special Certification Only) Yes ☐ No ☒ N/A ☐
    If no, explain. The facility does not have any residents at this time therefore, there are no E- scores.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.

- Incident report follow-up? Yes ☐ No ☒ If no, explain.
  The facility does not have any residents at this time.
- 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 400.713** | **License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.** |
| | **(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following:**<br>**(b) The applicant's compliance with this act and rules promulgated under this act.** |
| The facility has not had residents in care since the issuance of the original license effective 04/13/2026 - 10/12/2026. | |

A corrective action plan was requested and approved on 09/30/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

## IV. RECOMMENDATION

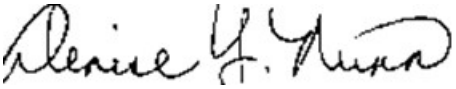
An acceptable corrective action plan has been received. Issuance of a provisional license is recommended.



09/30/2026

Johnna Cade — Date
Licensing Consultant

Approved by:



10/01/2026

Denise Y. Nunn — Date
Area Manager