GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 6, 2026

Jamie Saturnino
Group Living Facility Inc
G5095 Van Slyke Rd
Flint, MI 48507

RE: License #:	AL250006953 **Group Living Facility Inc** **G5095 Van Slyke Road** **Flint, MI 48507**

Dear Jamie Saturnino:

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 (517) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

LicenseLicense #:	AL250006953
Licensee Name:	Group Living Facility Inc
Licensee Address:	G5095 Van Slyke Rd Flint, MI 48507
Licensee Telephone #:	(810) 767-5858
Licensee/Licensee Designee:	Jamie Saturnino
Administrator:	Jamie Saturnino
Name of Facility:	Group Living Facility Inc
Facility Address:	G5095 Van Slyke Road Flint, MI 48507
Facility Telephone #:	(810) 234-9461
Original Issuance Date:	03/15/1976
Capacity:	16
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/29/2026

Date of Bureau of Fire Services Inspection if applicable: 09/18/2026

Date of Environmental/Health Inspection if applicable: n/a

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 13
No. of others interviewed 0 Role:

- 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? 0 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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



11/06/2026

Martin Gonzales Licensing Consultant	Date