



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 31, 2017

Elissa Trombley
2 Hearts Foster Care LLC
23750 East River Road
Grosse Ile, MI 48138

RE: License #: AS820381090
2 Hearts Foster Care Home
13609 Wright Street
Gibraltar, MI 48173

Dear Ms. Trombley:

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,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste. 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

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

I. IDENTIFYING INFORMATION

License #: AS820381090

Licensee Name: 2 Hearts Foster Care LLC

Licensee Address: 23750 East River Road
Grosse Ile, MI 48138

Licensee Telephone #: (734) 365-3561

Licensee/Licensee Designee: Elissa Trombley

Administrator: Elissa Trombley

Name of Facility: 2 Hearts Foster Care Home

Facility Address: 13609 Wright Street
Gibraltar, MI 48173

Facility Telephone #: (734) 307-7643

Original Issuance Date: 11/21/2016

Capacity: 6

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/29/2017, 07/18/2017

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed [redacted] Role: [redacted]

- 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.
Resident Had eaten prior to 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

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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



Licensing Consultant

07/31/17
Date