



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 21, 2019

Ratiba Mahmoudi & Larry Lehman
4712 Omar Drive
Lansing, MI 48917

RE: License #: AF230380915
Noura's Natural Life Home
4712 Omar Drive
Lansing, MI 48917

Dear Ratiba Mahmoudi & Larry Lehman:

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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

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

I. IDENTIFYING INFORMATION

License #: AF230380915

Licensee Name: Ratiba Mahmoudi & Larry Lehman

Licensee Address: 4712 Omar Drive
Lansing, MI 48917

Licensee Telephone #: (517) 974-3070

Licensee/Licensee Designee: Ratiba Mahmoudi & Larry Lehman

Administrator: N/A

Name of Facility: Noura's Natural Life Home

Facility Address: 4712 Omar Drive
Lansing, MI 48917

Facility Telephone #: (517) 974-3070

Original Issuance Date: 07/29/2016

Capacity: 2

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/16/2019

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 0
No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
No residents at this time.
- 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 at this 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.
No incident reports
- 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.

IV. RECOMMENDATION

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



Derrick Britton
Licensing Consultant

Date