



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 4, 2021

Gina Freemon
Heart to Home LLC
41185 Judd Rd
Belleville, MI 48111

RE: License #: AS820396759
Wendy Manor
15539 Wendy St
Taylor, MI 48180

Dear Mrs. Freemon:

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 dark ink, appearing to read "Andrea L. Green".

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|---------------------------------------|
| License #: | AS820396759 |
| Licensee Name: | Heart to Home LLC |
| Licensee Address: | 41185 Judd Rd Belleville, MI 48111 |
| Licensee Telephone #: | (734) 231-6312 |
| Licensee/Licensee Designee: | Gina Freemon |
| Administrator: | Andrea Reaume |
| Name of Facility: | Wendy Manor |
| Facility Address: | 15539 Wendy St Taylor, MI 48180 |
| Facility Telephone #: | (734) 231-6312 |
| Original Issuance Date: | 02/05/2019 |
| Capacity: | 6 |
| Program Type: | ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/04/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed 2 Role: Licensee designee/administrato

- 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.
There was no incident report requiring follow up.
- 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.

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.



8/4/2021

Andrea Green
Licensing Consultant

Date