



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 6, 2021

Kimberlee Waddell
Resilient Life Care, LLC
Ste 160
17187 N. Laurel Park Dr.
Livonia, MI 48152

RE: License #: AL630407886
Resilient - South Stone
25911 Middlebelt
Farmington Hills, MI 48336

Dear Ms. Waddell:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

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

I. IDENTIFYING INFORMATION

License #: AL630407886

Licensee Name: Resilient Life Care, LLC

Licensee Address: Ste 160
17187 N. Laurel Park Dr.
Livonia, MI 48152

Licensee Telephone #: (734) 482-1200

Licensee Designee: Kimberlee Waddell, Designee

Administrator: Michael Nanzer

Name of Facility: Resilient - South Stone

Facility Address: 25911 Middlebelt
Farmington Hills, MI 48336

Facility Telephone #: (734) 482-1200

Original Issuance Date: 07/01/2021

Capacity: 20

Program Type: TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/06/2021
Virtual inspection conducted due to active COVID cases at the facility.

Date of Bureau of Fire Services Inspection if applicable: 06/21/2021

Date of Health Authority Inspection if applicable: 06/08/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: N/A

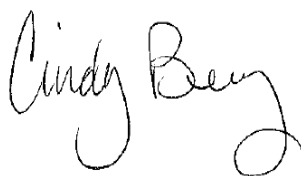
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
There was no meal preparation/service provided at the time the on-site was conducted.
- 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

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.



12/06/2021

Cindy Berry
Licensing Consultant

Date