



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 17, 2022

Teresita Sandoval Barrera  
Emmanuel Senior Living, LLC  
Suite 177  
145 S. Livernois  
Rochester Hills, MI 48307

RE: License #: AS630348375  
**Emanuel Senior Living LLC**  
**5589 John R Road**  
**Troy, MI 48085**

Dear Ms. Sandoval Barrera:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads 'Stephanie Gonzalez'.

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-514-9391

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

**I. IDENTIFYING INFORMATION**

|                                    |  |
|------------------------------------|--|
| <b>License #:</b>                  | AS630348375  |
| <b>Licensee Name:</b>              | Emmanuel Senior Living, LLC                                |
| <b>Licensee Address:</b>           | Suite 177<br>145 S. Livernois<br>Rochester Hills, MI 48307 |
| <b>Licensee Telephone #:</b>       | (248) 812-9177   |
| <b>Licensee/Licensee Designee:</b> | Teresita Sandoval Barrera                                  |
| <b>Administrator:</b>              | Teresita Sandoval Barrera                                  |
| <b>Name of Facility:</b>           | Emanuel Senior Living LLC                                  |
| <b>Facility Address:</b>           | 5589 John R Road<br>Troy, MI 48085                         |
| <b>Facility Telephone #:</b>       | (248) 812-9177   |
| <b>Original Issuance Date:</b>     | 08/28/2015   |
| <b>Capacity:</b>                   | 6  |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>ALZHEIMERS<br>AGED               |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/17/2022

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 2

No. of others interviewed 1 Role: LD/Admin

- 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:  
CAP dated 4/16/2020; as316(1) 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.



2/17/2022

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Stephanie Gonzalez  
Licensing Consultant

Date