



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 20, 2022

Shobha Prasad  
Wishing Well Residence LLC  
7025 Edinborough  
West Bloomfield, MI 48322

RE: License #: AS630406954  
**Wishing Well Residence LLC**  
**3700 West Walton Blvd.**  
**Waterford, MI 48329**

Dear Ms. Prasad:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: An on-site inspection will be conducted.

A six-month provisional license is recommended. You did not contest the issuance of a provisional license.

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, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Detroit, MI 48202  
(248) 505-8036

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630406954
<b>Licensee Name:</b>	Wishing Well Residence LLC
<b>Licensee Address:</b>	7025 Edinborough West Bloomfield, MI 48322
<b>Licensee Telephone #:</b>	(248) 891-8762
<b>Licensee/Licensee Designee:</b>	Shobha Prasad
<b>Administrator:</b>	Shobha Prasad
<b>Name of Facility:</b>	Wishing Well Residence LLC
<b>Facility Address:</b>	3700 West Walton Blvd. Waterford, MI 48329
<b>Facility Telephone #:</b>	(248) 535-5575
<b>Original Issuance Date:</b>	03/15/2022
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/13/2022

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee designee/admin.

- Medication pass / simulated pass observed? Yes  No  If no, explain. No residents in care. Also, no staff.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain. No residents in care. Also, no staff.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No residents in care. Also, no staff.
- Meal preparation / service observed? Yes  No  If no, explain. No residents in care. Also, no staff.
- Fire drills reviewed? Yes  No  If no, explain. No residents in care. Also, no staff.
- Fire safety equipment and practices observed? Yes  No  If no, explain. No residents in care. Also, no staff.
- 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 found to be in non-compliance with the following rules:

**MCL 400.713** License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

**(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:**

- (a) The financial stability of the facility.**
- (b) The applicant's compliance with the act and rules promulgated under this act.**

Since the issuance of a temporary license to you on 03/15/2022 no residents have been admitted to this licensed adult foster care facility. As a result of there being no residents admitted to your adult foster care facility during the temporary license period, the department is not able to determine your compliance with Act 218 or the adult foster care rules related to resident care and services.

#### IV. RECOMMENDATION

An acceptable corrective action plan was received. Issuance of a provisional license is recommended.



09/20/2022

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DaShawnda Lindsey  
Licensing Consultant

Date