



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 3, 2022

Catherine Ritho
Catherine Ritho & George-Brian Ritho
8827 Meadows Lane Dr
Ypsilanti, MI 48197

RE: License #: AF810411111
Milele House
8827 Meadows Lane Dr
Ypsilanti, MI 48197

Dear Ms. Ritho:

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. If 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 blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #: AF810411111

Licensee Name: Catherine Ritho & George-Brian Ritho

Licensee Address: 8827 Meadows Lane Dr
Ypsilanti, MI 48197

Licensee Telephone #:

Licensee/Licensee Designee: Catherine Ritho, Designee

Administrator:

Name of Facility: Milele House

Facility Address: 8827 Meadows Lane Dr
Ypsilanti, MI 48197

Facility Telephone #: (734) 717-5646

Original Issuance Date: 05/09/2022

Capacity: 5

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/03/2022

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed [redacted] Role: [redacted]

- 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: 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.

Handwritten signature of Jeffrey J. Bozisk in blue ink.

Jeffrey J. Bozisk
Licensing Consultant

Date: 11/3/2022