



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 14, 2022

Victoria Svet
AV Rochester Hills, Inc.
27136 Delton Street
Madison Heights, MI 48071

RE: License #: AS630314738
Ambrosia Villa Rochester Hills
597 Dakota Court
Rochester Hills, MI 48307

Dear Ms. Svet:

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 small group home license are renewed. The license 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 "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 302-2409

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

I. IDENTIFYING INFORMATION

License #:	AS630314738
Licensee Name:	AV Rochester Hills, Inc.
Licensee Address:	27136 Delton Street Madison Heights, MI 48071
Licensee Telephone #:	248-207-6511
Licensee Designee:	Victoria Svet
Administrator:	Victoria Svet
Name of Facility:	Ambrosia Villa Rochester Hills
Facility Address:	597 Dakota Court Rochester Hills, MI 48307
Facility Telephone #:	(248) 207-6511
Original Issuance Date:	05/18/2012
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/13/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain. Historical medication records were reviewed however, physical medications were not observed as there are no residents currently in care.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Historical resident funds documentation was reviewed as there are no current residents in care.
- Meal preparation / service observed? Yes No If no, explain. The onsite inspection was not conducted during meal time.
- 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 were no incidents to follow up on.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: R400.14205, R400.14203 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.



12/14/2022

Johnna Cade
Licensing Consultant

Date