



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 17, 2023

Eurice Paige
Lotus Community Living Supports Inc.
Suite 208
481 North Main Street
Frankemuth, MI 48734

RE: License #: AS250411399
Kimberly Oaks Home
5279 Jennings Road
Flint, MI 48504

Dear Mrs. Paige:

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 and special certification 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

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

I. IDENTIFYING INFORMATION

License #: AS250411399

Licensee Name: Lotus Community Living Supports Inc.

Licensee Address: Suite 208
481 North Main Street
Frankemuth, MI 48734

Licensee Telephone #: (810) 423-2479

Licensee/Licensee Designee: Eurice Paige

Administrator: Eurice Paige

Name of Facility: Kimberly Oaks Home

Facility Address: 5279 Jennings Road
Flint, MI 48504

Facility Telephone #: (810) 423-2479

Original Issuance Date: 07/20/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 12/22/2022

Date of Bureau of Fire Services Inspection: N/A

Date of Health Authority Inspection: 01/26/2022

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Administrator

- 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.
Inspection did not occur during meal preparation/service
- 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? Yes 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 and special certification to this AFC adult small group home (capacity 1-6).



01/17/2022

Derrick Britton
Licensing Consultant

Date