

Facility Name: Rose Cottage  
License Number: AD020244606  
Current License Status: Regular

RENEWAL (Effective Date: 8/29/23)

(Renewal documents are kept on file for two renewal periods.)

(Includes documents/material gathered/received since previous license issuance)

- BRS-569 Application (If received in hard copy form)
- LSR Transmittal Letter
- Licensing Study Report (LSR)
- Onsite Inspection Record
- Fire Safety Inspection Reports (7+ since last license issuance)
- Environmental Health Inspection Reports (private water and sewer)
- Water-Bacteriological Report (Group)
- Statement of Corrective Action(s) (if applicable)
- Corrective Action Plan(s) (if applicable)
- Corrective Action Plan Approval/Disapproval Letter(s) (if applicable)
- Verification of CAP compliance documentation
- Special Program Certification Letter (DD or MI) (if applicable)
- N/A Office of Recipient Rights Request or Approval (if special certification)
- Other Correspondence and Documentation

INTERIMS/FOLLOW-UP INSPECTIONS (if applicable) Completed on \_\_\_\_\_

(Interim documents are kept for two regular license renewal periods)

- Onsite Inspection Record
- Confirming Letter
- Corrective Action Plan (s) (if applicable)
- Statement of Corrections (if applicable)
- Corrective Action Plan Approval/Disapproval (if applicable)
- Verification of CAP compliance documentation
- Supporting Documents (if any)

PROVISIONAL Resulting from Renewal \_\_\_\_\_ OR Special Investigation \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ (provisional documents to be kept for two subsequent regular license renewal periods)

- Provisional Issuance Letter
- LSR Transmittal Letter (LSR/SIR)
- Onsite Inspection Record (if applicable)
- Corrective Action Plan (s)
- Notice of Intent
- Proposed Final Decision (If involuntary)
- Director's Final Order (if involuntary)
- Other Supporting Documents

**ADULT FOSTER CARE LICENSE  
LIMITED LIABILITY COMPANY, GOVERNMENTAL  
ORGANIZATION and CORPORATE APPLICATION**

Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

**CASHIER USE ONLY – Cashier Code: 100101**

License Number :

Paid Amount :

Cashier:

**SECTION I – FACILITY INFORMATION**

1. Facility Name Rose Collage		2. Application Type <input type="checkbox"/> Original <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amended		3. License Number AL820244666	
4. Facility Street Address 32111 Cherry Hill Road		5. City/Village	6. Township	7. State MI	8. Zip Code 48186
9. County Wayne	10. Zoning Authority <input type="checkbox"/> Township <input type="checkbox"/> City/Village	11. Telephone Number (734)762-8885	12. Fax Number (734)762-8976	13. New Construction <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Proposed Capacity 20	15. I would prefer: <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Both	16. Ages 0 to 0	17. Currently Certified As A Specialized Program or Requesting Certification <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. Program Type(s) <input type="checkbox"/> Mentally Ill <input type="checkbox"/> Developmentally Disabled <input checked="" type="checkbox"/> Aged <input checked="" type="checkbox"/> Alzheimer's <input checked="" type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Physically Handicapped <input type="checkbox"/> Traumatic Brain Injured			19. Water System <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	20. Sewer System <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
21. Facility Type <input type="checkbox"/> Small Group Capacity 3-6 <input type="checkbox"/> Small Group Capacity 7-12 <input checked="" type="checkbox"/> Large Group Capacity 13-20 <input type="checkbox"/> Congregate 21 or more - EXISTING ONLY					

**SECTION II – APPLICANT/LICENSEE INFORMATION**

22. Corporate/Limited Liability company/Governmental Organization Name The Village of Westland, A Senior Living Community		E-Mail Address mwhite@pvm.org			
23. Telephone Number (734)728-5222		24. Fax Number			
25. Street Address 32001 Cherry Hill Road		26. City Westland	State MI	Zip Code 48186	
27. Mailing Address, if different (i.e. P.O. Box)		28. City	State MI	Zip Code	
29. Date Incorporated/Organized	30. Federal ID Number 38-2302090	31. <input type="checkbox"/> For Profit <input type="checkbox"/> Non Profit		32. <input type="checkbox"/> Government <input checked="" type="checkbox"/> Non Government	

**SECTION III – RESPONSIBLE AGENCY INFORMATION (If Applicable) Attach Additional sheets, if necessary**

33. Agency Name and Address	34. Name of Contact Person	35. Telephone Number
No Data Available		

**SECTION IV – LICENSEE DESIGNEE AND ADMINISTRATOR (Person responsible for the daily operation of the facility)**

(Licensing Record Clearance form required to be completed by Licensee Designee or Administrator.)

36. Print Name of Licensee Designee White, Michele Rae	37. Date of Birth 11/27/1972	38. Social Security Number 368-98-5291	39. Print Name of the Administrator White, Michele Rae	40. Date of Birth 11/27/1972	41. Social Security Number 368-98-5291
42. Describe any convictions of the applicant, joint applicant, administrator, and non-employee adult members of the household. Do not include minor traffic violations.					

43. Does the Corporation/Limited Liability Company/Governmental Organization now, or has it ever, operated an adult foster care facility, children's foster care facility, children's day care facility, child caring institution, adult or child camp, or child placing agency?  Yes  No

44. Has the Corporation/Limited Liability Company/Governmental Organization ever been denied a license to operate an adult foster care facility, children's foster care facility, child or adult camp, child day care facility, child caring institution or child placing agency?  Yes  No

45. If "YES" to either item above, complete the following information. Include all currently and previously licensed programs and denied license applications. Attach additional sheets, if necessary.

Name of licensing/certifying agency	License Number	Status
No Data Available		

46. Provide the following information for all persons who live in the facility, including relatives, roomers and boarders and live-in staff and children. **DO NOT** include adult foster care residents. All non-employee adult household members who are not residents must complete a Licensing Record Clearance Request form.

Name (Last, First, Middle)	Position or Relationship	Date of Birth
No Data Available		

47. Directions for reaching facility.

**SECTION V – OWNERSHIP INFORMATION**

48. Identify all ownership interest *in the business*. Attach additional sheets, if necessary.

Name	Address (city, state and zip)
Presbyterian Village Of Michigan	, MI 48003

49. Ownership of facility to be licensed:  Own  Rent/Lease  Buying

50. Identify all ownership interest *in the property*. Attach additional sheets, if necessary.

Name	Address (city, state and zip)
Presbyterian Village Of Michigan	, MI 48003

**SECTION VI – FINANCIAL INFORMATION**

All questions must be answered by a member of the licensee company or board.  
Attach an explanation for each "YES" response:

51. HAS TO CORPORATION/LIMITED LIABILITY COMPANY/GOVERNMENTAL ORGANIZATION EVER:

52. HAS ANY OFFICER OF THIS CORPORATION/LIMITED CORPORATION/GOVERNMENTAL ORGANIZATION EVER BEEN AN OFFICER/PARTNER OF ANOTHER CORPORATION/LIMITED LIABILITY CORPORATION/GOVERNMENTAL ORGANIZATION OR PARTNERSHIP THAT:

**Section VII – CERTIFICATION AND SIGNATURES**

I have read 1979 PA 218, and the Administrative Rules regulating the operation of Adult Foster Care facilities. If granted a license I will comply with the Act and these Rules.

In order to permit a proper determination of conformity with the rules, I give permission to the Department of Licensing and Regulatory Affairs to make all necessary and reasonable investigations of my activities, proposed standards of care, and to make an on-site inspection of the proposed facility.

I am aware of the legal provisions of Section 13 and Section 31 of 1979 PA 218, respectively, that operating an adult foster care facility without a license or to violate this Act is subject to criminal penalties, punishable by imprisonment or a substantial fine or both.

I certify that I will assess the good moral character of the employees of this home/facility, as required by PA 218. I certify that if I or any employee, volunteer, or household member of the facility who is on parole or probation or convicted of a felony will be reported to the Department.

I also certify that any information I give in respect to any investigation by the department will be, to the best of my ability, true and correct.

I give permission to the Michigan Department of Licensing and Regulatory Affairs to contact persons, including those I give as references, in order to determine if I am in compliance with the Act and the Rules.

LARA is an equal opportunity employer/program.	AUTHORITY: 1979 PA 218 COMPLETION: Mandatory NON-COMPLETION: License issuance will be denied
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**AFC/HFA LICENSING RECORD CLEARANCE REQUEST (BCAL-1326A-FP) and LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST INSTRUCTIONS**

The purpose of these forms is to:

1. Verify the address of a family home application with Secretary of State Records.
2. Produce a Michigan State Police check regarding the possible existence of a conviction record.
3. Produce a licensing file check against current or previous licensee status of the applicant in any county of the state.

**Note:** The Department may perform this check at any time while you are licensed or associated with a licensed facility.

**Instructions for Livescan Fingerprinting for AFC:** Livescan Fingerprints are required for all applicants, licensees, licensee designees, and owners, partners and directors who have regular direct access to residents, or who have on-site facility operational responsibilities.

You may select a fingerprint vendor from the list of Private Livescan Vendors on the Michigan State Police website at: [www.michigan.gov/msp/0,4643,7-123-1878\\_8311-237662--,00.html](http://www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html). The Livescan Fingerprint Background Check Request form must be taken with you at the time the fingerprint is conducted. You must complete Sections I and II. Section I must be filled out as follows:

1. Fingerprint Code	2. Requestor/Agency ID	3. Agency Name
FCL	86871E	Department of Licensing and Regulatory Affairs

Section III of the RI-030 form will be completed by the Fingerprint Specialist when you are fingerprinted. After you are fingerprinted, you must submit the completed Livescan Fingerprint Background Check Request form and the AFC/HFA Licensing Record Clearance Request (BCAL-1326A-FP) form to Bureau Community and Health System (BCHS) central office. **Both of these forms must be submitted to BCHS central office together.** At renewal, fingerprinting is not required if it was already completed for licensing.

**Instructions for Livescan Fingerprinting for HFA:** Livescan Fingerprints are required for all owners, operators and members of the governing body who have regular direct access to residents, their records, or who have on-site facility operating responsibilities, and authorized representatives.

You may select a fingerprint vendor from the list of Private Livescan Vendors on the Michigan State Police website at: [www.michigan.gov/msp/0,4643,7-123-1878\\_8311-237662--,00.html](http://www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html). The Livescan Fingerprint Background Check Request form must be taken with you at the time fingerprinting is conducted. You must complete Sections I and II. Section I must be filled out as follows:

**Homes for the Aged License**

1. Fingerprint Code	2. Requestor/Agency ID	3. Agency Name
HAL	86872L	Department of Licensing and Regulatory Affairs

Section III will be completed by the Fingerprint Specialist when you are fingerprinted. After you are fingerprinted, you must submit the completed Livescan Fingerprint Background Check Request form and the AFC/HFA Licensing Record Clearance Request (BCAL-1326A-FP) form to licensing. **Both of these forms must be submitted to licensing together.**

The existence of a conviction record does not necessarily disqualify an individual for licensure, residence in a licensed facility or association with a licensed facility. However, it does provide licensing with background information which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide licensing with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license or certificate of registration.

\*Disclaimer: All fingerprints processed with incorrect fingerprint codes or use of the wrong license record clearance request form are the responsibility of the individual. MSP will charge for a second request due to incorrect fingerprint codes.

AUTHORITY:	1978 PA 368 1979 PA 218
COMPLETION	Required
CONSEQUENCE:	Licensure may be denied or revoked.

LARA is an equal opportunity employer/program.



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

August 25, 2023

Michele White  
The Village of Westland, A Senior Living Community  
32001 Cherry Hill Road  
Westland, MI 48186-7902

RE: License #: AL820244666  
**Rose Cottage**  
**32111 Cherry Hill Road**  
**Westland, MI 48186**

Dear Mrs. White:

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.

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL820244666
<b>Licensee Name:</b>	The Village of Westland, A Senior Living Community
<b>Licensee Address:</b>	32001 Cherry Hill Road Westland, MI 48186-7902
<b>Licensee Telephone #:</b>	(734) 728-5222
<b>Licensee/Licensee Designee:</b>	Michele White, Designee
<b>Administrator:</b>	Michele White
<b>Name of Facility:</b>	Rose Cottage
<b>Facility Address:</b>	32111 Cherry Hill Road Westland, MI 48186
<b>Facility Telephone #:</b>	(734) 762-8885
<b>Original Issuance Date:</b>	06/19/2002
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/17/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 09

No. of others interviewed 01 Role: Licensee designee

- 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:  
2021: 301(6)(b), 301(4) 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:

**R 400.15301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

Resident B.S.'s AFC Assessment Plan dated 9/1/22 wasn't signed by the licensee. Additionally, the last 2 assessments (2022 and 2023) did not provide a list of medications.

This is a **REPEAT VIOLATION**; See 2021 Renewal LSR.

**R 400.15301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:**  
**(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the**

resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R400.15315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

Resident J.B. was transferred between homes and the licensee failed to ensure a new Resident Care Agreement was completed and on file upon placement at Rose Cottage. Therefore, no RCA completed at admission to this facility.

**R 400.15401**

**Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Hot water temperature tested at 124 degrees Fahrenheit, then re-tested at 122 degrees Fahrenheit.

A corrective action plan was requested and approved on 08/17/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



8/25/23

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Kara Robinson  
Licensing Consultant

Date

**CORRECTIVE ACTION PLAN**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

License/Registration Number:	Facility Name:	Date of Violations
AL820244660	ROSE Cottage	8.17.2023
Violated Rule	How Compliance Will Be Achieved, Monitored and Maintained	Timeframe
301 (6)	LICENSEE will ensure RA is completed at admission	ongoing
301 (4)	SPECIAL ATTENTIONS will be given if resident transfer from one HOME to next (ROSE + IVY)	ongoing
301 (4)	ASSESSMENTS will be signed by LICENSEE and Resident designated Representative	ongoing
401 (2)	Water temperatures will be monitored to ensure they remain between 105 and 120.	ongoing

Michelle R. White *Michelle R. White* \_\_\_\_\_ 8/17/23  
 Registrant/Licensee/Designee/Program Director Name Registrant/Licensee/Designee/Program Director Signature Date


  
 LARA is an equal opportunity employer/program.

**INSPECTION REPORT**  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
Bureau of Fire Services  
**FIRE MARSHAL DIVISION**

<b>FACILITY NAME</b> Rose Cottage AFC	<b>INSPECTION DATE</b> 07/31/2023	<b>COUNTY</b> Wayne	<b>RECORD ID</b> 2017-AFC00243
<b>ADDRESS</b> 32111 CHERRY HILL RD	<b>FACILITY TYPE</b> FireServices - AFC Part 4, Large		<b>Rules/Codes</b> AFC-2012
<b>CITY, STATE ZIP CODE</b> Westland, MI 48186	<b>FACILITY REPRESENTATIVE</b> Michele R. White	<b>FACILITY PHONE</b> 7347285222	
<b>INSPECTION TYPE</b> Re-Check Annual	<b>FACILITY E-MAIL</b> MWhite@pvm.org	<b>LICENSE NUMBER</b> AL820244666	

**RE: 2023 Annual Fire and Life Safety Inspection Re-check**

A fire safety inspection was completed on this date. Deficiencies noted in our last inspection have been satisfactorily corrected.

CC:

<b>FIRE SAFETY CERTIFICATION</b> Approved	
<b>INSPECTING OFFICIAL</b> Steven Martin	
ADDRESS: 611 W. Ottawa St., 4th Floor Lansing, MI 48933	
TELEPHONE: 517-290-2656	
E-MAIL: martins37@michigan.gov	
The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national of origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American Disability Act, you may make your needs known to the agency.	Authority: PA207 of 1941, as amended  Completion: Mandatory

**INSPECTION REPORT**  
**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
 Bureau of Fire Services  
**FIRE MARSHAL DIVISION**

<b>FACILITY NAME</b> Rose Cottage AFC	<b>INSPECTION DATE</b> 05/23/2023	<b>COUNTY</b> Wayne	<b>RECORD ID</b> 2017-AFC00243
<b>ADDRESS</b> 32111 CHERRY HILL RD	<b>FACILITY TYPE</b> FireServices - AFC Part 4, Large		<b>Rules/Codes</b> AFC-2012
<b>CITY, STATE ZIP CODE</b> Westland, MI 48186	<b>FACILITY REPRESENTATIVE</b> Michele R. White	<b>FACILITY PHONE</b> 7347285222	
<b>INSPECTION TYPE</b> Annual	<b>FACILITY E-MAIL</b> MWhite@pvm.org	<b>LICENSE NUMBER</b> AL820244666	

**RE: 2023 Annual Fire and Life Safety Inspection**

**A fire safety inspection was completed on this date. The following deficiencies must be corrected within the time period(s) specified.**

1 - A door required to be equipped with a self-closing device shall be positive-latching upon closure. Rule 108; 7.2.1.8.1.1

**INSPECTOR COMMENTS:**

- South side laundry room - door propped open with a wedge.

2 - Whenever or wherever any device, equipment, system, condition, arrangement, level or protection, fire -resistive construction, or any other feature is required for compliance with the provisions of this code shall thereafter be continuously maintained. 4.6.12.1

**INSPECTOR COMMENTS:**

- South side laundry room - observed soot around one of the dryer plugs. Verify circuit with electrician.

3 - - At the time of inspection, the following items were not available to be reviewed:

- > annual fire alarm paperwork (FACP, Pull stations, strobes, etc)
- > annual sprinkler inspection paperwork
- > Drills
- > Emergency Lighting inspection paperwork
- > Emergency Plans

CC:

<b>FIRE SAFETY CERTIFICATION</b> Temporary Until 06/23/2023	
<b>INSPECTING OFFICIAL</b> Steven Martin	
ADDRESS: 611 W. Ottawa St., 4th Floor Lansing, MI 48933	
TELEPHONE:	
E-MAIL: martins37@michigan.gov	
The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national of origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American Disability Act, you may make your needs known to the agency.	Authority: PA207 of 1941, as amended  Completion: Mandatory

**INSPECTION REPORT**  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
Bureau of Fire Services  
**FIRE MARSHAL DIVISION**

<b>FACILITY NAME</b> Rose Cottage AFC	<b>INSPECTION DATE</b> 07/06/2022	<b>COUNTY</b> Wayne	<b>RECORD ID</b> 2017-AFC00243
<b>ADDRESS</b> 32111 CHERRY HILL RD	<b>FACILITY TYPE</b> FireServices - AFC Part 4, Large		<b>Rules/Codes</b> AFC-2012
<b>CITY, STATE ZIP CODE</b> Westland, MI 48186	<b>FACILITY REPRESENTATIVE</b> Michele R. White	<b>FACILITY PHONE</b> 7347285222	
<b>INSPECTION TYPE</b> Re-Check Annual	<b>FACILITY E-MAIL</b> MWhite@pvm.org	<b>LICENSE NUMBER</b> AL820244666	

**RE: 2022 Fire Safety Inspection Annual Re-check**

A fire safety inspection was completed this date. Deficiencies noted in our last inspection have been satisfactorily corrected.

CC:

<b>FIRE SAFETY CERTIFICATION</b>	
Revisions Needed	
<b>INSPECTING OFFICIAL</b> Paul Mullett	
ADDRESS: 3101 TECHNOLOGY Blvd., SUITE H Lansing, MI 48910	
TELEPHONE: 313-688-3408	
E-MAIL: Mullettp@michigan.gov	
The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national of origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American Disability Act, you may make your needs known to the agency.	Authority: PA207 of 1941, as amended Completion: Mandatory