



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 23, 2024

Shannon White-Schellenberger  
Angels' Place  
Suite 2  
29299 Franklin Road  
Southfield, MI 48034

RE: License #: AS630015384  
**Maxwell Home**  
**2809 Saddlewood**  
**W Bloomfield Twp, MI 48324**

Dear Mrs. White-Schellenberger:

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 (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>	AS630015384
<b>Licensee Name:</b>	Angels' Place
<b>Licensee Address:</b>	Suite 2 29299 Franklin Road Southfield, MI 48034
<b>Licensee Telephone #:</b>	(248) 350-2203
<b>Licensee/Licensee Designee:</b>	Shannon White-Schellenberger
<b>Administrator:</b>	Shannon White-Schellenberger
<b>Name of Facility:</b>	Maxwell Home
<b>Facility Address:</b>	2809 Saddlewood W Bloomfield Twp, MI 48324
<b>Facility Telephone #:</b>	(248) 360-1497
<b>Original Issuance Date:</b>	11/15/1994
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/22/2024

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

Date of Environmental/Health Inspection if applicable: 02/14/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 2 Role: Management

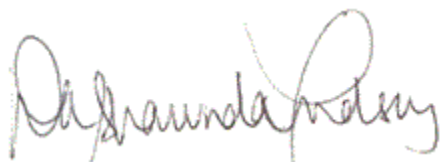
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection did not occur during a 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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
SI 01/2022- as312(4)(b) and as312(2); Renewal 2022- S803(3), as306(3),  
as312(1), as318(5), and as401(2) N/A
- Number of excluded employees followed-up? 0 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 2-year regular adult foster care license and special certification.



05/23/2024

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DaShawnda Lindsey  
Licensing Consultant

Date