



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 1, 2024

Fredrick Hayes  
18759 Greenwald  
Southfield, MI 48075

RE: License #: AF630313888  
**Good Faith Manor**  
**18759 Greenwald**  
**Southfield, MI 48075**

Dear Mr. Hayes:

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 family home license are renewed. The regular 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  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
Phone: 248-302-2409

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

**I. IDENTIFYING INFORMATION**

|                                |   |
|--------------------------------|---|
| <b>License #:</b>              | AF630313888                             |
| <b>Licensee Name:</b>          | Fredrick Hayes                          |
| <b>Licensee Address:</b>       | 18759 Greenwald<br>Southfield, MI 48075 |
| <b>Licensee Telephone #:</b>   | (248) 632-3778                          |
| <b>Name of Facility:</b>       | Good Faith Manor                        |
| <b>Facility Address:</b>       | 18759 Greenwald<br>Southfield, MI 48075 |
| <b>Facility Telephone #:</b>   | (248) 632-3778                          |
| <b>Original Issuance Date:</b> | 10/26/2012                              |
| <b>Capacity:</b>               | 6                                       |
| <b>Program Type:</b>           | ALZHEIMERS<br>AGED                      |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/01/2024

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 1  
No. of residents interviewed and/or observed 0  
No. of others interviewed 1 Role: responsible person

- 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 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:  
N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☒ N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



08/01/2024

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Johnna Cade  
Licensing Consultant

Date