



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 10, 2024

Debra Smith  
We Care Management LLC  
3973 W. Grand River Rd.  
Owosso, MI 48867

RE: License #: AS780307442  
**We Care Management**  
**3973 W. Grand River Rd.**  
**Owosso, MI 48867**

Dear Ms. Smith:

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 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 "Candace Coburn".

Candace Coburn, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909



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

**I. IDENTIFYING INFORMATION**

**License #:** AS780307442

**Licensee Name:** We Care Management LLC

**Licensee Address:** 3973 W. Grand River Rd.  
Owosso, MI 48867

**Licensee Telephone #:** (989) 723-9973

**Licensee/Licensee Designee:** Debra Smith

**Administrator:** Debra Smith

**Name of Facility:** We Care Management

**Facility Address:** 3973 W. Grand River Rd.  
Owosso, MI 48867

**Facility Telephone #:** (989) 723-9973

**Original Issuance Date:** 06/03/2010

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/04/2024

Date of Bureau of Fire Services Inspection if applicable: By consultant 12/04/2024

Date of Health Authority Inspection if applicable: 8/13/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: [REDACTED]

- 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:  
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 regular license to this AFC adult small group home (capacity 1-6).



12/10/2024

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Candace Coburn  
Licensing Consultant

Date