



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 8, 2025

Sivakumar Sivaraj
Heart's Content Care Homes, LLC
4861 Nassau St
Okemos, MI 48864

RE: License #: AM290418524
Heart's Content AFC
317 N 8 Th Street
Breckenridge, MI 48615

Dear Mr. Sivaraj:

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 blue ink, appearing to read 'Amanda Blasius'.

Amanda Blasius, 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 #:	AM290418524
Licensee Name:	Heart's Content Care Homes, LLC
Licensee Address:	4861 Nassau St Okemos, MI 48864
Licensee Telephone #:	(989) 878-1761
Licensee/Licensee Designee:	Sivakumar Sivaraj
Administrator:	Sivakumar Sivaraj
Name of Facility:	Heart's Content AFC
Facility Address:	317 N 8 Th Street Breckenridge, MI 48615
Facility Telephone #:	(989) 842-1818
Original Issuance Date:	07/19/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/06/2025

Date of Bureau of Fire Services Inspection if applicable: 05/23/2024

Date of Health Authority Inspection if applicable: 06/21/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role:

- 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:
11/12/24: R 400.14204 and R 400.14310 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 regular license to this AFC adult medium group home (capacity 7-12).

A handwritten signature in dark ink, appearing to read 'Amanda Blasius', is written over a faint, circular, light-colored watermark or seal.

01/08/2025

Amanda Blasius
Licensing Consultant

Date