



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 12, 2025

Arleen Savaya
Varishy Senior Living, LLC.
P.O Box 80225
Rochester, MI 48308

RE: License #: AS630391506
Varishy Senior Living
1527 John R Rd
Rochester Hills, MI 48307

Dear Ms. Savaya:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please 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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS630391506
Licensee Name:	Varishy Senior Living, LLC.
Licensee Address:	1527 John R Rd Rochester Hills, MI 48307
Licensee Telephone #:	(248) 470-3559
Administrator/Licensee Designee:	Arleen Savaya
Name of Facility:	Varishy Senior Living
Facility Address:	1527 John R Rd Rochester Hills, MI 48307
Facility Telephone #:	(248) 470-3559
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

ADDENDUM REPORT

II. Purpose of Addendum

This addendum is being completed in a response to the change of controlling ownership interest for Varishy Senior Living - AS630391506 and to appoint Arleen Savaya as the licensee designee and administrator of this facility.

III. Methodology

02/03/2025 – I was notified via telephone by Arleen Savaya that she purchased Varishy Senior Living - AS630391506 and Varishy Senior Living, LLC.

02/04/2025 - I received a copy of the deed, management agreement, AFC Licensing Record Clearance Request, and AFC Application sent via email from Arleen Savaya.

02/11/2025 – I reviewed the current license file, licensee designee’s information in Bureau Information Tracking System (BITS), the facility documentation provided, the licensee designee’s current medical clearance, verification of current negative TB test, verification of training, education and experience.

IV. Description of Findings and Conclusions

The licensee designee, Ms. Savaya provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Savaya. Ms. Savaya submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. Since 2015 Ms. Savaya has worked as a Home Health Aid with residents who have a traumatic brain injury, physical handicap, and/or mental illness. Ms. Savaya has extensive experience providing direct patient care. Ms. Savaya is also the licensee designee and administrator of F I C Housing - AS630416135, originally licensed on 12/19/2024.

V. Recommendation

I acknowledge this change of controlling ownership interest and recommend that Arleen Savaya be appointed as the licensee designee and administrator of this facility.

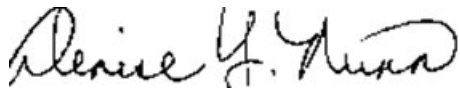


02/11/2025

Johnna Cade
Licensing Consultant

Date

Approved by:



02/12/2025

Denise Y. Nunn
Area Manager

Date