

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 12, 2025

Sheana Waldburg Heavenly Comfort LLC 19103 Woodmont Harper Woods, MI 48225

> RE: License #: AS630417850 Heavenly Comfort Southfield 19230 Silvercrest Southfield, MI 48075

Dear Sheana Waldburg:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

Frodet Dawisha

Frodet Dawisha, Licensing Consultant Bureau of Community and Health Systems 3026 W. Grand Blvd. Ste 9-100 Detroit, MI 48202 (248) 303-6348

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

## I. IDENTIFYING INFORMATION

License #:	AS630417850
	70000417000
Licensee Name:	Heavenly Comfort LLC
Licensee Address:	19230 Silvercrest Drive
	Southfield, MI 48075
Licensee Telephone #:	(313) 307-0002
Administrator/Licensee Designee:	Sheana Waldburg
Name of Facility:	Heavenly Comfort Southfield
Facility Address:	19230 Silvercrest
	Southfield, MI 48075
Facility Telephone #:	(313) 307-0002
Original Issuance Date:	08/15/2024
Capacity:	5
	-
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	AGED
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# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	02/11/2025	
Date of Bureau of Fire Services Inspection if app	licable: N/A	
Date of Health Authority Inspection if applicable:	N/A	
No. of staff interviewed and/or observedNo. of residents interviewed and/or observedNo. of others interviewed1Role:Licensed	0 0 e Designee	
<ul> <li>Medication pass / simulated pass observed? Yes □ No ☑ If no, explain. There are no residents in care</li> <li>Medication(s) and medication record(s) reviewed? Yes □ No ☑ If no, explain. There are no residents in care</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes □ No ☑ If no, explain. There are no residents in care</li> <li>Meal preparation / service observed? Yes □ No ☑ If no, explain. There are no residents in care</li> <li>Fire drills reviewed? Yes □ No ☑ If no, explain. There are no residents in care</li> <li>Fire safety equipment and practices observed? Yes ☑ No □ If no, explain.</li> </ul>		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A</li> <li>If no, explain. There are no residents in care</li> <li>Water temperatures checked? Yes No I If no, explain.</li> </ul>		
<ul> <li>Incident report follow-up? Yes □ No ☑ If no, explain. There are no residents in care</li> <li>Corrective action plan compliance verified? Yes □ CAP date/s and rule/s: N/A ☑</li> <li>Number of excluded employees followed-up? N/A ☑</li> </ul>		
• Variances? Yes 🗌 (please explain) No 🗌	N/A 🖂	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

MCL 400.713	License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.
	<ul> <li>(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following: <ul> <li>(b) The applicant's compliance with this act and rules promulgated under this act.</li> </ul> </li> </ul>

During the on-site inspection on 02/11/2025, there were no residents in care since the issuance of the license on 08/15/2024.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

Frodet Danisha

02/12/2025

Frodet Dawisha Licensing Consultant Date