



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 12, 2025

Linzi Gotham  
Ghotra Alf Inc  
3820 Sundridge Pl  
Saginaw, MI 48603

RE: License #: AL730418080  
Close to Home Assisted Living Side 1  
2142 N. Center Rd.  
Saginaw, MI 48603

Dear Linzi Gotham:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license will be renewed upon the completion of the current special investigation, will 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL730418080
<b>Licensee Name:</b>	Ghotra Alf Inc
<b>Licensee Address:</b>	3820 Sundridge Pl Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 545-8407
<b>Licensee/Licensee Designee:</b>	Linzi Gotham
<b>Administrator:</b>	Linzi Gotham
<b>Name of Facility:</b>	Close to Home Assisted Living Side 1
<b>Facility Address:</b>	2142 N. Center Rd. Saginaw, MI 48603
<b>Facility Telephone #:</b>	(989) 401-3581
<b>Original Issuance Date:</b>	09/27/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/20/2025

Date of Bureau of Fire Services Inspection if applicable: 01/13/2025

Date of Health Authority Inspection if applicable: 09/24/2024

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 17  
No. of others interviewed 1 Role: Licensee

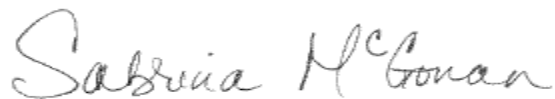
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ 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.  
No IR's to review.
- 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

Contingent upon the completion of the current special investigation, renewal of the license is recommended.

A handwritten signature in cursive script that reads "Sabrina McGowan".

March 12, 2025

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Sabrina McGowan  
Licensing Consultant

Date