



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 28, 2025

Mariah Hicks
UNITY HOMECARE LLC
4562 Dobie Rd
Okemos, MI 48864

RE: License #: AS330417742
Dobie Rd - Unity Home Healthcare
4562 Dobie Rd
Okemos, MI 48864

Dear Ms. Hicks:

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 "Jana Lipps".

Jana Lipps, 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 #: AS330417742

Licensee Name: UNITY HOMECARE LLC

Licensee Address: 4562 Dobie Rd
Okemos, MI 48864

Licensee Telephone #: (517) 977-1266

Licensee/Licensee Designee: Mariah Hicks, Designee

Administrator: Mariah Hicks

Name of Facility: Dobie Rd - Unity Home Healthcare

Facility Address: 4562 Dobie Rd
Okemos, MI 48864

Facility Telephone #: (517) 977-1266

Original Issuance Date: 10/02/2024

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/28/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
The sole resident was at the hospital at the time of the renewal inspection.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
Reviewed during interim inspection on 3/6/25.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. Licensee designee does not hold cash funds for the current resident.
- Meal preparation / service observed? Yes No If no, explain.
The sole resident was at the hospital at the time of the renewal inspection.
- Fire drills reviewed? Yes No If no, explain.
Reviewed during interim inspection on 3/6/25.
- 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

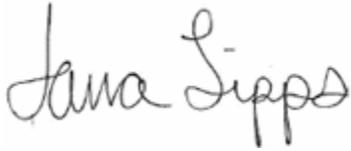
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes. Violation of Rule 511(1), as cited on interim inspection report 3/6/25, was corrected and observed as in compliance during this renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



3/28/25

Jana Lipps
Licensing Consultant

Date