



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 22, 2025

Elyse Al-Rakabi  
Vassar Comfort Care LLC  
Suite B  
3061 Christy Way  
Saginaw, MI 48603

RE: License #: AL790413597  
Vassar Comfort Care LLC  
5830 Frankenmuth Road  
Vassar, MI 48768

Dear Elyse Al-Rakabi:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license is renewed. The regular license 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(517) 648-8877

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL790413597
<b>Licensee Name:</b>	Vassar Comfort Care LLC
<b>Licensee Address:</b>	Suite B 3061 Christy Way Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 882-9495
<b>Licensee Designee:</b>	Elyse Al-Rakabi, Designee
<b>Administrator:</b>	Kim Witkovsky
<b>Name of Facility:</b>	Vassar Comfort Care LLC
<b>Facility Address:</b>	5830 Frankenmuth Road Vassar, MI 48768
<b>Facility Telephone #:</b>	(989) 882-9495
<b>Original Issuance Date:</b>	11/04/2022
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/17/2025

Date of Bureau of Fire Services Inspection if applicable: 10/15/2024

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 5

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:  
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.

#### IV. RECOMMENDATION

I recommend the issuance of a 2-year regular license to this AFC large group home (capacity 13-20).



04/22/2025

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Cynthia Badour  
Licensing Consultant

Date