



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 8, 2025

Joseph Bacall
Michigan House Senior Living
18533 Quarry Road
Riverview, MI 48193

RE: License #: AH820389597
Michigan House Senior Living
18533 Quarry Road
Riverview, MI 48193

Dear Mr. Bacall:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. After the invoice is received and paid, your new license will be issued for the year 08/01/2025 – 07/31/2026.

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 feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820389597
Licensee Name:	Michigan House Senior Living LLC
Licensee Address:	12525 Hale Street Riverview, MI 48193
Licensee Telephone #:	(248) 538-0585
Authorized Representative:	Joseph Bacall
Administrator/Licensee Designee:	Gabriela Birkner
Name of Facility:	Michigan House Senior Living
Facility Address:	18533 Quarry Road Riverview, MI 48193
Facility Telephone #:	(734) 283-6000
Original Issuance Date:	10/25/2019
Capacity:	42
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2025

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

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 04/08/2025

No. of staff interviewed and/or observed

5

No. of residents interviewed and/or observed

No. of others interviewed 2 Role Residents' family members

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. No funds held for residents.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Interviewed the staff on the policy and procedures.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: No CAPS for this home.
- Number of excluded employees followed up? 2 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden L. Howard

04/08/2025

Date

Licensing Consultant