



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 22, 2025

Elonda Grubbe
Macomb Residential Opportunities Inc.
Suite #102
14 Belleview
Mt Clemens, MI 48043

RE: License #: AS500011900
Bridgeview Group Home
39933 Bridgeview
Harrison Township, MI 48045

Dear Ms. Grubbe:

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|----------------------------------------------------|
| License #: | AS500011900 |
| Licensee Name: | Macomb Residential Opportunities Inc. |
| Licensee Address: | Suite #102 14 Belleview Mt Clemens, MI 48043 |
| Licensee Telephone #: | (586) 469-4480 |
| Licensee/Licensee Designee: | Elonda Grubbe |
| Administrator: | Elonda Grubbe |
| Name of Facility: | Bridgeview Group Home |
| Facility Address: | 39933 Bridgeview Harrison Township, MI 48045 |
| Facility Telephone #: | (586) 465-9719 |
| Original Issuance Date: | 06/02/1982 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/18/2025

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Home Manager

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
I observed medications.
- 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.
I observed adequate food supply.
- 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 issuance of a 2-year regular adult foster care license.



04/22/2025

LaShonda Reed
Licensing Consultant

Date