



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 5, 2025

Aimee Davis  
Friends and Family, Inc.  
309 S Bailey St  
Romeo, MI 48065

RE: License #: AS500310013  
**Greenbrier**  
**42359 Greenbriar**  
**Clinton Twp, MI 48038**

Dear Ms. Davis:

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 #:** AS500310013

**Licensee Name:** Friends and Family, Inc.

**Licensee Address:** 309 S Bailey St  
Romeo, MI 48065

**Licensee Telephone #:** (586) 372-7099

**Licensee/Licensee Designee:** Aimee Davis

**Administrator:** Aimee Davis

**Name of Facility:** Greenbrier

**Facility Address:** 42359 Greenbriar  
Clinton Twp, MI 48038

**Facility Telephone #:** (586) 372-7099

**Original Issuance Date:** 06/08/2012

**Capacity:** 3

**Program Type:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/30/2025

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 3

No. of residents interviewed and/or observed 0

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 the issuance of a 2-year regular adult foster care license.



05/05/2025

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LaShonda Reed  
Licensing Consultant

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Date