



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 22, 2025

Anna Paige  
Paige's Supervised Comm Living Inc  
G 3472 W Pasadena Ave  
Flint, MI 48504

RE: License #:	AM250008195 <b>Paige Supv Comm Liv Inc</b> <b>G3472 W Pasadena Ave</b> <b>Flint, MI 48504</b>
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Dear Ms. Paige:

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 and special certification will be renewed upon receipt of the Renewal Licensee Fee. 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) 643-7960.

Sincerely,

Martin Gonzales, 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**

<b>License</b>	<b>License #:</b>	AM250008195
<b>Licensee Name:</b>	Paige's Supervised Comm Living Inc	
<b>Licensee Address:</b>	G 3472 W Pasadena Ave Flint, MI 48504	
<b>Licensee Telephone #:</b>	(810) 732-6485	
<b>Licensee/Licensee Designee:</b>	Anna Paige	
<b>Administrator:</b>	Anna Paige	
<b>Name of Facility:</b>	Paige Supv Comm Liv Inc	
<b>Facility Address:</b>	G3472 W Pasadena Ave Flint, MI 48504	
<b>Facility Telephone #:</b>	(313) 732-5533	
<b>Original Issuance Date:</b>	12/08/1982	
<b>Capacity:</b>	12	
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL	
<b>Certified Programs:</b>	MENTALLY ILL	

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/21/2025

Date of Bureau of Fire Services Inspection if applicable: 09/25/2024

Date of Environmental/Health Inspection if applicable: n/a

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 9

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? 0 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

Upon receipt of the Renewal Licensee Fee, I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).



04-22-2025

Martin Gonzales Licensing Consultant 517-388-8753	Date
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