



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 23, 2025

Julia Hill  
Centered Care LLC  
15945 Wood Rd  
Lansing, MI 48820

RE: License #: AS190414296  
**Fawn Circle**  
**1920 Deerwood Circle A**  
**Lansing, MI 48820**

Dear Ms. Hill:

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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads 'Jennifer Browning'.

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS190414296
<b>Licensee Name:</b>	Centered Care LLC
<b>Licensee Address:</b>	15945 Wood Rd Lansing, MI 48820
<b>Licensee Telephone #:</b>	(517) 394-1234
<b>Licensee Designee:</b>	Julia Hill
<b>Administrator:</b>	Julia Hill
<b>Name of Facility:</b>	Fawn Circle
<b>Facility Address:</b>	1920 Deerwood Circle A Lansing, MI 48820
<b>Facility Telephone #:</b>	(517) 394-1234
<b>Original Issuance Date:</b>	12/05/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/22/2025

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 02/07/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.  
There were no medications on-site but Ms. Hill simulated the steps of administering medications.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
There were no medications on-site at this time.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. There were no personal funds kept on-site.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 license to this AFC adult small group home (capacity 6).

*Jennifer Browning*

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Jennifer Browning  
Licensing Consultant

\_\_\_\_\_  
05/23/2025

\_\_\_\_\_  
Date