



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 12, 2025

Arleen Savaya  
P.O. Box 80225  
Rochester Hills, MI 48308

RE: License #: AS630416135  
**F I C Housing**  
**350 Nawakwa Rd**  
**Rochester Hills, MI 48307**

Dear Ms. Savaya:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license is renewed. The license 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 "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(248) 302-2409

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630416135
<b>Licensee Name:</b>	Arleen Savaya
<b>Licensee Address:</b>	P.O. Box 80225 Rochester Hills, MI 48308
<b>Licensee Telephone #:</b>	(248) 470-3559
<b>Administrator:</b>	Arleen Savaya
<b>Name of Facility:</b>	F I C Housing
<b>Facility Address:</b>	350 Nawakwa Rd Rochester Hills, MI 48307
<b>Facility Telephone #:</b>	(248) 470-3559
<b>Original Issuance Date:</b>	12/19/2024
<b>Capacity:</b>	3
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/12/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- 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.  
The inspection was not conducted during meal times.
- 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.  
There were no incidents to follow up on.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? Two 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.



06/12/2025

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Johnna Cade  
Licensing Consultant

Date