



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2025

Ana Horobet
Green Lake Manor LLC
3661 Green Lake Rd
West Bloomfield, MI 48324

RE: License #: AS630418749
Green Lake Manor
3661 Green Lake Rd.
West Bloomfield, MI 48324

Dear Ms. Horobet:

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

| | |
|--------------------------------|--|
| License #: | AS630418749 |
| Licensee Name: | Green Lake Manor LLC |
| Licensee Address: | 3661 Green Lake Rd West Bloomfield, MI 48324 |
| Licensee Telephone #: | (248) 520-2557 |
| Licensee Designee: | Ana Horobet |
| Administrator: | Ana Horobet |
| Name of Facility: | Green Lake Manor |
| Facility Address: | 3661 Green Lake Rd. West Bloomfield, MI 48324 |
| Facility Telephone #: | (248) 520-2557 |
| Original Issuance Date: | 12/16/2024 |
| Capacity: | 6 |
| Program Type: | AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/10/2025

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 1
No. of residents interviewed and/or observed 6
No. of others interviewed 1 Role: Licensee Designee

- 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.
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? 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.



06/11/2025

Johnna Cade
Licensing Consultant

Date