



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 9, 2025

Lisa Rice
Ebenezer Care Center
16013 Middlebelt Road
Livonia, MI 48170

RE: License #: AL330418806
Ebenezer Care Center
2447 N. Williamston Road
Williamston, MI 48895

Dear Ms. Rice:

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,

Bridget Vermeesch

Bridget Vermeesch, 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

License #:	AL330418806
Licensee Name:	Ebenezer Care Center
Licensee Address:	16013 Middlebelt Road Livonia, MI 48170
Licensee Telephone #:	(716) 704-9185
Licensee Designee/Administrator:	Lisa Rice
Name of Facility:	Ebenezer Care Center
Facility Address:	2447 N. Williamston Road Williamston, MI 48895
Facility Telephone #:	(517) 230-6276
Original Issuance Date:	01/21/2025
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/09/2025

Date of Bureau of Fire Services Inspection if applicable: 08/19/2024, used inspection from temporary license.

Date of Health Authority Inspection if applicable: 01/19/2025, used inspection from temporary license

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 6
No. of others interviewed 2 Role: DON, ADOS

- 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: 2025A0577031, 5/28/25 312 (1), 103(5) 312(6) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home, capacity 20.

Bridget Vermeesch

07/09/2025

Bridget Vermeesch
Licensing Consultant

Date