



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 25, 2025

Laurie Labie
Enriched Living, LLC
242 Highlander Dr. N.E.
Rockford, MI 49341

RE: License #: AS410383295
Enriched Living - Highlander
242 Highlander Dr. NE
Rockford, MI 49341

Dear Ms. Labie:

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 and your Special Certification are renewed. The regular 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 (616) 356-0100.

Sincerely,

Arlene B. Smith

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #: AS410383295

Licensee Name: Enriched Living, LLC

Licensee Address: 242 Highlander Dr. N.E.
Rockford, MI 49341

Licensee Telephone #: (586) 295-1674

Licensee/Licensee Designee: Laurie Labie, Designee

Administrator: Laurie Labie

Name of Facility: Enriched Living - Highlander

Facility Address: 242 Highlander Dr. NE
Rockford, MI 49341

Facility Telephone #: (616) 884-5117

Original Issuance Date: 12/06/2016

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/25/2025

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 3
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: [REDACTED]

- 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. The Licensee does not manage any resident funds.
- Meal preparation / service observed? Yes No If no, explain. The residents were out in the community for lunch,
- 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. They did not have any.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: CAP, APPROVED 04/29/2025, for Rule 304 (1) (0) and 304 (2), CAP Compliance verification, 4/29/2025. 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. The Licensee agreed with my findings,

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

IV. RECOMMENDATION

I recommend issuance of a regular 2-year license and a Special Certification to this AFC adult small group home capacity 6.

Arlene B. Smith

06/25/2025

Arlene B. Smith
Licensing Consultant

Date