



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 29, 2025

Breana Wallace
The Village of Westland, A Senior Living Community
32001 Cherry Hill Road
Westland, MI 48186-7902

RE: License #: AL820244666
Rose Cottage
32111 Cherry Hill Road
Westland, MI 48186

Dear Ms. Wallace:

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 (313) 456-0439.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

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

I. IDENTIFYING INFORMATION

License #:	AL820244666
Licensee Name:	The Village of Westland, A Senior Living Community
Licensee Address:	32001 Cherry Hill Road Westland, MI 48186-7902
Licensee Telephone #:	(734) 762-8969
Licensee/Licensee Designee:	Breana Wallace, Designee
Administrator:	Breana Wallace
Name of Facility:	Rose Cottage
Facility Address:	32111 Cherry Hill Road Westland, MI 48186
Facility Telephone #:	(734) 762-8885
Original Issuance Date:	06/19/2002
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/28/2025

Date of Bureau of Fire Services Inspection if applicable: 08/08/2025

Date of Health Authority Inspection if applicable: 08/28/2025

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 15
No. of others interviewed [redacted] 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.
- 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.
N/A
- 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.

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

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

A handwritten signature in blue ink, appearing to read "Edith Richardson".

Edith Richardson
Licensing Consultant

08/08/2025
Date