



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 5, 2025

Roland Higgs
Family Living Center Inc.
Suite 220
2350 Franklin Rd.
Bloomfield Hills, MI 48302

RE: License #: AS630012295
Winkleman House
2740 Winkleman
Waterford Twp., MI 48329

Dear Mr. Higgs:

Attached is the Licensing Study Report for the above referenced facility. The study has Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 "Sara E. Shaughnessy". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 320-3721

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

I. IDENTIFYING INFORMATION

License#: AS630012295

Licensee Name: Family Living Center Inc.

Licensee Address: Suite 220
2350 Franklin Rd.
Bloomfield Hills, MI 48302

Licensee Telephone #: (248) 334-5330

Licensee/Licensee Designee: Roland Higgs

Administrator: Roland Higgs

Name of Facility: Winkleman House

Facility Address: 2740 Winkleman
Waterford Twp., MI 48329

Facility Telephone #: (248) 674-2488

Original Issuance Date: 04/10/1979

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/02/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Environmental/Health Inspection if applicable: NA

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

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.
The onsite inspection did not take place during a mealtime, an adequate amount of food was observed.
- 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:
09/21/2023; MCL 400.734b, R 330.1803, R 400.14205, R 400.14301, R 400.14315/ 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 found to be in non-compliance with the following rules:

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.
<p>There is no evidence that direct care staff member, Helen Parker, has had a negative test for tuberculosis within the past three years. Her last one expired 04/2024.</p>	
R 400.14208	Direct care staff and employee records.
	<p>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</p> <p style="padding-left: 40px;">(f) Verification of reference checks.</p>
<p>There is no evidence of two completed reference checks for direct care staff members, Helen Parker and Patricia Odigie.</p>	
R 400.14506	Fire extinguishers; location, examination, and maintenance.
	(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.
<p>The gauge on the kitchen fire extinguisher was in the red and not the green, indicating it needed service.</p>	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/05/2025

Sara Shaughnessy
Licensing Consultant

Date