



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 7, 2025

Sheana Waldburg  
Heavenly Comfort LLC  
19103 Woodmont  
Harper Woods, MI 48225

RE: License #: AS820379793  
**Heavenly Comfort Too AFC**  
**15255 Collingham Drive**  
**Detroit, MI 48205**

Dear Mrs. Waldburg:

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 or home for the aged authorized representative 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 (313) 456-0439.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820379793

**Licensee Name:** Heavenly Comfort LLC

**Licensee Address:** 19230 Silvercrest Drive  
Southfield, MI 48075

**Licensee Telephone #:** (313) 307-0002

**Licensee/Licensee Designee:** Sheana Waldburg

**Administrator:** Sheana Waldburg

**Name of Facility:** Heavenly Comfort Too AFC

**Facility Address:** 15255 Collingham Drive  
Detroit, MI 48205

**Facility Telephone #:** (313) 434-5810

**Original Issuance Date:** 09/19/2016

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/05/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 3  
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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
208 (1f), 318(5) 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 400.619                      Emergency preparedness plan.**

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

At the time of inspection, licensee did not practice and maintain a record of fire drills for 3p.m to 11p.m. shift in the third and first quarters in 2025 and 11p.m. to 7a.m. for second and third quarters in 2024.

**R 400.629                      Direct care staff; qualifications and training.**

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases including recognizing signs of illness.
- (h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
- (i) Nutrition and special diets.

At the time of inspection, Staff- Dontae Fielder employee record was reviewed did not contain training in reporting requirements, personal care, supervision, and protection, safety and fire prevention, prevention and containment of communicable diseases, food safety, and nutrition.

**R 400.637                      Handling of resident funds and valuables.**

(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

At the time of inspection, Resident A's record were reviewed and did not contain Funds Part I and II forms.

**R 400.639                      Staff records.**

(1) A licensee shall maintain a record for each staff that contains all of the following:

(a) Name, address, telephone number, and Social Security number.

(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.

(c) Copy of a driver's license if staff provide transportation services.

(d) Verification of age.

(e) Verification of experience, highest level of education completed, and training.

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

(g) Beginning and ending dates of employment on separation.

(h) Health information as required by these rules.

(i) Verification of the receipt by the staff of personnel policies and job descriptions.

At the time of inspection, Staff- Caron Costner and Staff- Dontae Fielder employee records were reviewed did not contain two reference checks, verification of education, and signed personnel policies and job descriptions.

**R 400.647                      Safety and maintenance of premises.**

(3) Living, sleeping, hallway, storage, bathroom, and kitchen areas must be well-lighted and ventilated.

At the time of inspection, I observed facility hallway to not be well lite.

**R 400.657                      Bedrooms.**

(4) Interior doorways of a resident bedroom must be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, I observed resident bedrooms to be equipped with positive latching hardware.

**R 400.661                      Bedroom furnishings.**

- (1) Bedroom furnishings must include all of the following:
- (a) A bed that is not less than 36 inches wide and not less than 72 inches long with a foundation that is clean, in good condition, and provides adequate support.
  - (b) A mattress that is clean, in good condition, and not less than 5 inches thick or 4 inches thick if made of synthetic materials.
  - (c) Closet or wardrobe space.
  - (d) Dresser or equivalent.
  - (e) Chair.

At the time of inspection, I observed two resident beds to be bowing in the side and middle.

**R 400.685                      Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is

completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

At the time of inspection, Resident A's record were reviewed and did not contain a health care appraisal completed within 90 day prior to admission or at least 30 days after an emergency admission.

**R 400.685            Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

At the time of inspection, Resident A's record reviewed and did not contain a completed and signed written assessment for 2025.

**R 400.691            Resident records.**

(3) Resident records must be kept on file in the facility for 2 years after the date of resident discharge unless a shorter retention is specified elsewhere in these rules.

At the time of inspection, Resident B's record was not available for review despite being discharged on 05/21/2025.

**R 400.715            Facility environment; fire safety, adoption by reference.**

(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of

NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at [https:// www.nfpa.org](https://www.nfpa.org) at a cost of \$168.00 for nonmembers of the NFPA and \$151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.

At the time of inspection, licensee did not complete and calculated the evacuation assessments within 30 days after the admission of each new resident and at least annually after the admission of the last new resident.

#### IV. RECOMMENDATION

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



11/07/2025

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Shatonla Daniel  
Licensing Consultant

Date