



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 3, 2025

Julia Hill  
Centered Care LLC  
15945 Wood Rd  
Lansing, MI 48820

RE: License #: AM190408916  
**Centered Care LLC**  
**12511 Old Us 27, Dewitt, MI 48820**

Dear Ms. Hill:

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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM190408916
<b>Licensee Name:</b>	Centered Care LLC
<b>Licensee Address:</b>	15945 Wood Rd Lansing, MI 48820
<b>Licensee Telephone #:</b>	(517) 394-1234
<b>Licensee Designee:</b>	Julia Hill
<b>Administrator:</b>	Julia Hill
<b>Name of Facility:</b>	Centered Care LLC
<b>Facility Address:</b>	12511 Old Us 27 Dewitt, MI 48820
<b>Facility Telephone #:</b>	(517) 394-1234
<b>Original Issuance Date:</b>	06/23/2021
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/03/2025

Date of Bureau of Fire Services Inspection if applicable: 10/23/2025

Date of Health Authority Inspection if applicable: 09/30/2025

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 10

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.
- 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 found to be in non-compliance with the following rules:

<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(6) Plumbing fixtures and water and waste pipes must be properly installed and maintained in good working condition.</b>
The faucet handle in bathroom #2 was loose which was causing poor water pressure and the water did not reach a safe temperature for hand washing.	

### IV. RECOMMENDATION

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



\_\_\_\_\_  
Jennifer Browning  
Licensing Consultant

\_\_\_\_\_  
12/03/2025  
Date