



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 12, 2026

Danielle Landers  
21294 Osmus Street  
Farmington Hills, MI 48336

RE: License #: **AF630419461**  
**Health Land Assisted Living**  
**21294 Osmus Street**  
**Farmington Hills, MI 48336**

Dear Danielle Landers:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(248) 296-2783

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

|                              |   |
|------------------------------|---|
| <b>License #:</b>            | AF630419461   |
| <b>Licensee Name:</b>        | Danielle Landers  |
| <b>Licensee Address:</b>     | 21294 Osmus Street<br>Farmington Hills, MI 48336  |
| <b>Licensee Telephone #:</b> | (248) 971-9005  |
| <b>Name of Facility:</b>     | Health Land Assisted Living   |
| <b>Facility Address:</b>     | 21294 Osmus Street<br>Farmington Hills, MI 48336  |
| <b>Facility Telephone #:</b> | (248) 971-9005  |
| <b>Capacity:</b>             | 6   |
| <b>Program Type:</b>         | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>ALZHEIMERS<br>AGED<br>TRAUMATICALLY BRAIN INJURED |

**II. Purpose of Addendum**

The purpose of this addendum is to change the name of the licensee from Danielle Morris to Danielle Landers, and to change the name of the licensed adult foster care family home from Life Bridge Assisted Living to Health Land Assisted Living.

**III. Methodology**

02/13/2026- Received written request from licensee, Danielle Morris, to change her name to Danielle Landers with court order showing legal name change.

02/13/2026- Reviewed licensing file and information in BITS.

02/13/2026- Sent court order and name change request to licensing unit.

02/18/2026- Received updated BCHS-1326 and RI-030 forms with updated name from licensee.

02/18/2026- Received written request to change the name of the home from Life Bridge Assisted Living to Health Land Assisted Living.

**IV. Description of Findings and Conclusions**

The necessary documentation was received and reviewed to change the licensee’s name to Danielle Landers, and to change the name of the facility to Health Land Assisted Living.

**V. Recommendation**

I recommend that the name changes be implemented as requested by the licensee to reflect the legal name change to Danielle Landers and that the facility name is changed to Health Land Assisted Living.

*Kristen Donnay*

02/19/2026

Kristen Donnay  
Licensing Consultant

Date

Approved by:

*A. Hunter*

03/12/2026

Ardra Hunter  
Area Manager

Date