



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 25, 2026

Lisa Murrell  
Community Living Centers Inc  
Suite 117  
28104 Orchard Lake Road  
Farmington Hills, MI 48334

RE: License #: AL630256833  
**CLC Mary Wagner House**  
**30900 Greening**  
**Farmington Hills, MI 48334**

Dear Lisa Murrell:

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 and special certification 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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
3026 W. Grand Blvd., Ste 9-100  
Cadillac Place  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630256833
<b>Licensee Name:</b>	Community Living Centers Inc
<b>Licensee Address:</b>	Suite 117 28104 Orchard Lake Road Farmington Hills, MI 48334
<b>Licensee Telephone #:</b>	(248) 478-0870
<b>Administrator/Licensee Designee:</b>	Lisa Murrell
<b>Name of Facility:</b>	CLC Mary Wagner House
<b>Facility Address:</b>	30900 Greening Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 737-2046
<b>Original Issuance Date:</b>	01/27/2004
<b>Capacity:</b>	15
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/25/2026

Date of Bureau of Fire Services Inspection if applicable: 04/02/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 10  
No. of others interviewed 1 Role: LD

- 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

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



02/25/2026

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Frodet Dawisha  
Licensing Consultant

Date