



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 17, 2026

Trina Watson  
Waterford Oaks Senior Care Inc.  
6474 Oak Valley Rd.  
Waterford, MI 48237

RE: License #: AL630284310  
Waterford Oaks Senior Care, Inc.  
3385 Pontiac Lake Rd.  
Waterford, MI 48328

Dear Trina Watson:

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 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 "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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630284310
<b>Licensee Name:</b>	Waterford Oaks Senior Care Inc.
<b>Licensee Address:</b>	3385 Pontiac Lake Road Waterford, MI 48328
<b>Licensee Telephone #:</b>	(248) 681-4788
<b>Licensee Designee/Administrator:</b>	Trina Watson
<b>Name of Facility:</b>	Waterford Oaks Senior Care, Inc.
<b>Facility Address:</b>	3385 Pontiac Lake Rd. Waterford, MI 48328
<b>Facility Telephone #:</b>	(248) 681-4788
<b>Original Issuance Date:</b>	10/12/2007
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/17/2026

Date of Bureau of Fire Services Inspection if applicable: 07/07/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 15  
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.  
Inspection did not occur during meal time
- 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.



04/17/2026

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Kristen Donnay  
Licensing Consultant

Date