



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 9, 2026

Jasween Jagjit-Webb
Auburn Heights Senior Care, Inc.
110 Auburn Road
Auburn, MI 48611

RE: License #: AL090260028
Auburn Heights Senior Care, Inc.
110 Auburn Road
Auburn, MI 48611

Dear Ms. Jagjit-Webb:

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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #: AL090260028

Licensee Name: Auburn Heights Senior Care, Inc.

Licensee Address: 110 Auburn Road
Auburn, MI 48611

Licensee Telephone #: (989) 662-2099

Licensee/Licensee Designee: Jasween Jagjit-Webb

Administrator: Johanna Rueda

Name of Facility: Auburn Heights Senior Care, Inc.

Facility Address: 110 Auburn Road
Auburn, MI 48611

Facility Telephone #: (989) 545-9462

Original Issuance Date: 01/27/2004

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/28/2026

Date of Bureau of Fire Services Inspection if applicable: 10/16/2025

Date of Health Authority Inspection if applicable: 04/28/2026

No. of staff interviewed and/or observed 5
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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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



06/09/2026

Anthony Humphrey
Licensing Consultant

Date