



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 15, 2026

Jeanette Glasscoe  
Loving Care & Comfort (MJB2) LLC  
2027 McLain Rd NW  
Acworth, GA 30101

RE: License #: AS230417819  
**Loving Care & Comfort (MJB2)**  
**414 Leland Place**  
**Lansing, MI 48917**

Dear Ms. Glasscoe:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

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

**I. IDENTIFYING INFORMATION**

**License #:** AS230417819

**Licensee Name:** Loving Care & Comfort (MJB2) LLC

**Licensee Address:** 2027 McLain Rd NW  
Acworth, GA 30101

**Licensee Telephone #:** (517) 391-4572

**Licensee/Licensee Designee:** Jeanette Glasscoe

**Administrator:** Jeanette Glasscoe

**Name of Facility:** Loving Care & Comfort (MJB2)

**Facility Address:** 414 Leland Place  
Lansing, MI 48917

**Facility Telephone #:** (517) 391-4572

**Original Issuance Date:** 11/17/2023

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/15/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: 0

- 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:

**R 400.627 Licensee and administrator training requirements.**

**(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:**

**(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.**

FINDINGS: Licensee does not have 16 hours of training for the department to review.

**R 400.629 Direct care staff; qualifications and training.**

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:**

**(a) Reporting requirements.**

**(f) Safety and fire prevention.**

**(g) Prevention and containment of communicable diseases including recognizing signs of illness.**

**(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.**

**(i) Nutrition and special diets.**

FINDINGS: Employee Alicia Nicholson does not have the following trainings for the department to review; *reporting requirements, safety and fire prevention, prevention and containment of communicable diseases, food safety, nutrition and special diets.*

**R 400.631 Health screenings.**

**(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.**

FINDINGS: Employee Alicia Nicholson does not have a health status review for the department to review.

A corrective action plan was requested and approved on 05/15/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Ondrea Johnson  
Licensing Consultant

5/15/2026  
Date