



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 8, 2026

Anisha Jordan  
6809 Stonebridge Ct  
West Bloomfield, MI 48322

RE: License #: AS630419182  
**Dynamic Home And Help**  
**30431 Ventura St**  
**Southfield, MI 48076**

Dear Ms. Jordan:

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.
- You are to submit a Statement of Correction.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(248) 302-2409

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630419182
<b>Licensee Name:</b>	Anisha Jordan
<b>Licensee Address:</b>	6809 Stonebridge Ct WEST BLOOMFIELD TOWN, MI 48322
<b>Licensee Telephone #:</b>	(248) 514-0975
<b>Administrator:</b>	Anisha Jordan
<b>Name of Facility:</b>	Dynamic Home And Help
<b>Facility Address:</b>	30431 Ventura St Southfield, MI 48076
<b>Facility Telephone #:</b>	(248) 514-0975
<b>Original Issuance Date:</b>	06/12/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/04/2026

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
The facility does not have any residents or staff at this time therefore, there are no medications on site.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
The facility does not have any residents or staff at this time therefore, there are no medication records on site.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. The facility does not have any residents at this time therefore, there are no funds on site.
- Meal preparation / service observed? Yes  No  If no, explain.  
The facility does not have any residents at this time.
- Fire drills reviewed? Yes  No  If no, explain.  
The facility does not have any residents at this time therefore, there are no fire drills.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain. The facility does not have any residents at this time therefore, there are no E- scores.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
The facility does not have any residents at this time.
- 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:	
<b>MCL 400.713</b>	<b>License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.</b>
	<b>(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following: (b) The applicant's compliance with this act and rules promulgated under this act.</b>
The facility has not had residents in care since the issuance of the original license effective 06/12/2025 - 12/11/2025. A 1 <sup>st</sup> provisional license was issued effective 12/09/2025 - 06/08/2026. The facility continues to have no residents in care	

A corrective action plan was requested and approved on 06/04/2026. 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. Issuance of a provisional license is recommended.



06/05/2026

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Johnna Cade  
Licensing Consultant

Date

Approved by:



06/08/2026

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Ardra Hunter  
Area Manager

Date