GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 9, 2026

Claudia Busen
Sacred Heart Adult Care Home, Inc.
19251 Doyle Road
Gregory, MI 48137

RE: License #: AM470380421
Sacred Heart Adult Care Home
19251 Doyle Road
Gregory, MI 48137

Dear Ms. Busen:

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) 335-5985.

Sincerely,

Julie Elkins

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM470380421
Licensee Name:	Sacred Heart Adult Care Home, Inc.
Licensee Address:	19251 Doyle Road Gregory, MI 48137
Licensee Telephone #:	(734) 498-2277
Licensee Designee:	Claudia Busen
Administrator:	Claudia Busen
Name of Facility:	Sacred Heart Adult Care Home
Facility Address:	19251 Doyle Road Gregory, MI 48137
Facility Telephone #:	(734) 498-2277
Original Issuance Date:	02/02/2016
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspections: 07/07/2026

Date of Bureau of Fire Services Inspection if applicable: 09/09/2025

Date of Health Authority Inspection if applicable: 04/27/2026

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 11
No. of others interviewed 1 Role: licensee designee/admin

- 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: 7/22/2024- MCL 400.734b (2), 204 (a)(d)(e)(f), 205 (4), 401 (2) and 510 (2) N/A ☐
- Number of excluded employees followed-up? 1 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.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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

07/09/2026

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Julie Elkins Date
Licensing Consultant