



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 7, 2020

Tino Manimalethu  
Holy Family LLC  
49650 Lakebridge Drive  
Shelby Township, MI 48315

RE: Application #: AS500398140  
**Holy Family Living Center**  
**2850 Parent Ave**  
**Warren, MI 48092**

Dear Mr. Manimalethu:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500398140
<b>Licensee Name:</b>	Holy Family LLC
<b>Licensee Address:</b>	49650 Lakebridge Drive Shelby Township, MI 48315
<b>Licensee Telephone #:</b>	(586) 222-9043
<b>Administrator/Licensee Designee:</b>	Tino Manimalethu
<b>Name of Facility:</b>	Holy Family Living Center
<b>Facility Address:</b>	2850 Parent Ave Warren, MI 48092
<b>Facility Telephone #:</b>	(586) 222-9043
<b>Application Date:</b>	02/03/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

02/03/2019	On-Line Enrollment
02/04/2019	Contact - Document Sent Act booklet
02/13/2019	Contact - Document Received App; 1326A & RI-030 for Tino; AFC 100 for Laura
02/19/2019	Contact - Document Received IRS ltr
02/22/2019	Contact - Document Received Licensing file received from Central office
02/28/2019	Application Incomplete Letter Sent
06/04/2019	Contact - Document Received Received lease agreement and permission to inspect from Tino Manimaletu by email
06/05/2019	Contact - Document Sent Email to Tino Manimaletu
09/17/2019	Contact - Document Received Email from Tino Manimaletu
09/18/2019	Contact - Document Sent Email to Tino Manimaletu
09/20/2019	Contact - Document Sent Email to Tino Manimaletu
12/11/2019	Contact - Document Received Email from Tino Manimaletu. He is ready to schedule onsite inspection.
12/12/2019	Contact - Document Sent Email to and from Tino Manimaletu
12/13/2019	Contact - Document Sent Email to Tino Manimaletu
01/13/2020	Inspection Completed On-site
01/13/2020	Contact - Document Sent Email to and from Tino Manimaletu

01/14/2020	Contact - Document Sent Email to Tino Manimalethu
01/16/2020	Contact - Document Sent Email to and from Tino Manimalethu
01/22/2020	Contact - Document Received Email from Tino Manimalethu
01/22/2020	Inspection Completed On-site Completed follow up inspection. Received updated binder of licensing documents.
01/27/2020	Contact- Document Received Email from Tino Manimalethu. Sent return email.
02/13/2020	Contact- Document Sent Email to Tino Manimalethu
02/17/2020	Contact- Document Received Email from Tino Manimalethu
02/18/2020	Contact- Document Sent Email to Tino Manimalethu
02/28/2020	Contact- Document Received Received reference letter from Tino Manimalethu by email
03/11/2020	Contact- Document Received Email from Tino Manimalethu
03/12/2020	Contact- Document Sent Email to Tino Manimalethu
03/20/2020	Contact- Document Sent Email to Tino Manimalethu
03/25/2020	Contact- Document Sent Email to Tino Manimalethu. Received return email.
03/26/2020	Contact- Document Received Email to and from Tino Manimalethu. Received licensing documents.
03/27/2020	Contact- Document Sent Email to Tino Manimalethu

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

#### A. Physical Description of Facility

Holy Family Living Center is a one-story small adult foster care home located in Warren, Michigan. Holy Family has a capacity of 6 residents. The home has city water and sewer. The facility is attached to The St. Thomas Orthodox Church of India. A parking lot is available.

The licensee for the home is Holy Family LLC. Mr. Tino Manimalethu will act as the licensee designee and administrator. A copy of the lease agreement between Holy Family LLC and The St. Thomas Orthodox Church was received. The lease terms run from 01/01/2019 to 12/31/2026. A signed letter was received from Rev. Fr. Philip Jacob giving permission to the State of Michigan to inspect for licensing.

Holy Family Living Center has a capacity of six residents. The facility and church are separated by a set of fire doors. The facility has five bedrooms (one extra), kitchen, dining room, activity room, six bathrooms, laundry room, office and storage room. The facility has room to expand if a sprinkler system is installed in the future. A new furnace was installed on the roof of the building. The facility does not have a basement. The exits, bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. The living room and dining area offer a total of 1,182 square feet of living space which meets the required 35 square feet of living space for six residents.

The four bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'7" x 20'5"	277	1
2	23'6" x 15'	352	1
3	28'8" x 16'10" 11'5" x 11'2"	609	2
4	28'8" x 16'10" 11'4" x 11'2"	608	2

**Total Capacity: 6**

The bedrooms have adequate space, bedding, storage and a window that opens in case of emergency. The home is wheelchair assessable. The bedrooms also have attached bathrooms with non-skid strips in showers. All of the bedrooms have a chair

and a mirror. The refrigerators and freezer are equipped with thermometers. Holy Family Living Center has a hard-wired smoke detection system with battery backup. There are fire extinguishers located throughout the building. The laundry room has metal dryer vent. The home has a locked cart to distribute medications. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

## **B. Program Description**

A copy of the program statement was received for Holy Family Living Center. The facility will serve adults that are aged, mentally impaired, traumatic brain injuries, developmentally disabled, physical handicapped and/or with Alzheimer's Disease and memory difficulties. Services in the home include 24-hour personal care and supervision, bathing, dressing, grooming, toileting, meals, snacks, housekeeping, laundry, medication administration, activities of daily living, exercise program and/or social community activities. The home will have a visiting physician. The facility is wheelchair assessable. Holy Family Living Center will have an alarm system on all resident's windows, front and back entrances as well as a house motion detector and camera system in community areas for added resident safety. Memory enhancing activities will be provided daily such as current events, playing cards, games, gardening, puzzles, bingo, music therapy and baking. An activity calendar will be printed out on a monthly basis and frequent reminders will be offered daily to each resident. Transportation is to be provided by the family or Holy Family LLC will arrange public transportation paid for by resident. The facility plans to have one staff per shift at this time.

Mr. Tino Manimallethu will act as the licensee designee and administrator. Mr. Manimallethu is a licensed physical therapist assistant and has direct care experience. He is currently employed at Select Rehab, Anthony Health Care Center and Advantage Living Center. A letter was received from his employer, St. Antony's Health Care Center, indicating he has experience working direct patient care with traumatic brain injuries and other types of head injuries, CVA and other neurological conditions. A letter was received from his previous employer, Maplewood Supportive Living, dated 02/27/2020. The letter indicates that Mr. Manimallethu was employed at the home from 11/05/2012-04/12/2014 and worked with individuals with traumatic brain injury and spinal cord injury. He provided direct care to residents in the home including passing medications, support with personal activities of daily living, meal preparation and attending appointments. Mr. Manimallethu has also completed training through MALA including Personal Care Protection and Supervision for AFCs, Medication Administration in AFC, Prevention and Containment of Communicable Diseases, Reporting Requirements in AFC Homes, Safety and Fire Prevention for Small Group Homes (6 or less) and Resident Rights in AFC Homes. He has also completed additional trainings in Dementia Management, Pain Management, Stroke Recovery, Nutrition and Hydration as well as additional health related trainings. Mr. Manimallethu has an Associate of Applied Science Degree-Physical Therapist Assistant from Baker College, B.S. Degree in Catering and Hotel Management from Bharathiyar University

and B.S. Degree in Physics from Mahatma Gandhi University. Mr. Manimalethu has been fingerprinted. He provided a medical statement dated 01/25/2020 which indicates that no physical/mental or health problem exists that would limit his ability to work with or around dependent adults. The medical statement also indicates that he had a negative TB test on 01/25/2020.

Mr. Manimalethu has designated his brother, Toby Manimalethu, to act as a designated person in his absence.

**C. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to the adult foster care small group home, Holy Family Living Center, with a capacity of six (6) residents.

The temporary license will be in effect for a six-month period. Another licensing renewal will be conducted after six months.




03/31/2020

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Kristine Cilluffo  
Licensing Consultant

Date

Approved By:



04/07/2020

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Denise Y. Nunn  
Area Manager

Date