



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 8, 2024

Naomi Spears  
Peerless Home Living  
23857 Colchester Dr  
Farmington, MI 48336

RE: Application #: AS820416620  
**Peerless Home Living**  
**34252 Hathaway St**  
**Livonia, MI 48150**

Dear Mrs. Spears:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820416620
<b>Licensee Name:</b>	Peerless Home Living
<b>Licensee Address:</b>	34252 Hathaway St Livonia, MI 48150
<b>Licensee Telephone #:</b>	(734) 263-6710
<b>Administrator/Licensee Designee:</b>	Naomi Spears, Designee
<b>Name of Facility:</b>	Peerless Home Living
<b>Facility Address:</b>	34252 Hathaway St Livonia, MI 48150
<b>Facility Telephone #:</b>	(734) 744-4651
<b>Application Date:</b>	05/31/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

05/31/2023	On-Line Enrollment
06/02/2023	PSOR on Address Completed
06/02/2023	Contact - Document Sent Forms sent.
06/27/2023	Contact - Document Received 1326/RI030/FPS
07/25/2023	Contact - Telephone call made Call to Mrs. Spears. Per LD the home is ready for inspection minus a few items.
07/26/2023	Application Incomplete Letter Sent Emailed to Mrs. Spears
09/07/2023	Contact - Telephone call made LD said home will be ready for inspection in 2 weeks.
09/12/2023	Contact - Document Received Supporting documents
10/03/2023	Inspection Completed On-site Physical plant violations exist.
11/01/2023	Contact - Document Received Email from LD to report home is ready for re-inspection.
11/14/2023	Inspection Completed-BCAL Full Compliance
11/19/2023	Contact - Document Received Financial statement
11/27/2023	Contact - Document Received Financial statement
12/01/2023	Contact - Document Received Bank statement
12/15/2023	Contact - Document Received Supporting documents (credentials, corrected policies).
12/19/2023	Contact - Document Received Received final supporting documents.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Peerless Home Living home is located in a quiet, suburban residential area near several local shops, restaurants, and small businesses. The home is a spacious ranch with 4 bedrooms, 2 full baths, living room, dining room, separate sitting room, newly remodeled kitchen, staff office, laundry room, and attached garage.

The furnace and hot water heater are located on the same floor as resident bedrooms inside its on room. The heat plant is located right off the laundry room. The fire door is a 1 ¾ inch thick solid wood core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with a sprinkler system and smoke detection system that is hardwired through the home's electrical system. The system was installed by a professional contractor and is fully operational.

The home has a barrier free design and **can** accommodate persons who require the regular use of a wheelchair.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15 X 11	165	2
2	15 X 11.25	169	2
3	10.58 X 15	159	1
4	10.75 X 15	161	1

The living, dining, and sitting room areas measure a total of 457 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

#### B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **six (6)** male or female adults ages 55 and up who do not require continuous nursing home care, but rather, a lesser restrictive environment. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs, as needed. Residents will be referred from: (local hospitals, community agencies, and word-of-mouth).

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Peerless Home Living, L.L.C., which is a Domestic Limited Liability Company, was established in Michigan, on 2/21/23. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Peerless Home Living, L.L.C. has submitted documentation appointing Naomi Spears as Licensee Designee for this facility and Naomi Spears as the Administrator of the facility.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 direct care workers to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff-to-resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks

utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), Identego™ (formerly L-1 Identity Solutions®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. 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 this AFC adult small group home (capacity 1-6).



01/04/24

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Kara Robinson  
Licensing Consultant

Date

Approved By:



01/08/24

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Ardra Hunter  
Area Manager

Date