



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 22, 2024

Byerly Enterprises II  
4759 Owasco Ct  
Clarkston, MI 48348

RE: Application #: AS630417869  
**Eastlawn Manor**  
**6490 Eastlawn Ave**  
**Clarkston, MI 48346**

Dear Carl Byerly:

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 "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-308-6012  
Fax: 517-763-0204  
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enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630417869
<b>Licensee Name:</b>	Byerly Enterprises II
<b>Licensee Address:</b>	4759 Owasco Ct Clarkston, MI 48348
<b>Licensee Telephone #:</b>	(810) 691-6400
<b>Administrator/Licensee Designee:</b>	Carl Byerly
<b>Name of Facility:</b>	Eastlawn Manor
<b>Facility Address:</b>	6490 Eastlawn Ave Clarkston, MI 48346
<b>Facility Telephone #:</b>	(810) 691-6400
<b>Application Date:</b>	09/21/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

09/21/2023	On-Line Enrollment
09/22/2023	PSOR on Address Completed
09/22/2023	Contact - Document Sent Forms sent
11/08/2023	Contact - Document Received 1326/RI-030, IRS letter, MC
11/15/2023	Application Incomplete Letter Sent
12/11/2023	Contact - Document Received Email exchange with applicant
12/13/2023	Inspection Report Requested - Health Invoice #: 1034129
01/03/2024	Contact - Document Received Application documents received via email
01/05/2024	Contact - Document Received Documents received via email
01/08/2024	Contact - Document Received Documents received via email
01/22/2024	Inspection Completed On-site Conducted an onsite inspection of the home
02/15/2024	Contact - Document Received Documents received via email
02/29/2024	Contact - Document Received Additional documents received via email
03/14/2024	Contact - Document Sent Email exchange with applicant

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch-style home with a basement, located within the village of Clarkston, Michigan. The home consists of six resident and two full-size bathrooms. Upon entering the home, the dining room area is to the right. Past the dining room is the

kitchen area. There is a hallway off of the kitchen, that leads to the two resident bedrooms, one full-size bathroom and the laundry room. To the left of the dining room is a second hallway that leads to two additional resident bedrooms, one full-size bathroom and a staff office. Directly past the kitchen is an additional hallway that leads to the living room as well as two additional resident bedrooms. Directly off of the kitchen is a door that leads to the basement. The home is wheelchair accessible and has at least one approved means of egress that is equipped with a ramp from the first floor. The home utilizes a public sewer system and a private water supply system. An *Environmental Health Inspection* was completed on 12/20/2023, and the home was found to be in compliance with all regulations and requirements.

The facility utilizes a gas furnace and gas water heater system, which are both located in the basement of the home and are equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 x 9	99	1
2	10 x 12	120	1
3	12 x 13	156	1
4	11 x 11	121	1
5	12 x 11	132	1
6	11 x 10	110	1

**Total capacity: 6**

The indoor living and dining areas measure a total of 568 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

**B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to six male and/or female residents who are mentally ill or developmentally disabled. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Oakland County DHHS, Oakland CMH, Veterans Administration

or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

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

The applicant is Byerly Enterprises II, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 06/07/2023. 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 members of Byerly Enterprises II, L.L.C. have submitted documentation appointing Dr. Carl Byerly as licensee designee and administrator for this facility.

Criminal history background checks of Dr. Byerly were completed, and he was determined to be of good moral character to provide licensed adult foster care. Dr. Byerly submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Dr. Byerly has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Dr. Byerly has worked with the adult foster care population over the last five years, acting as both a direct care staff and administrator. Since 2019, Dr. Byerly has worked for an adult foster care facility, providing supervision, safety, personal care, medication administration and protection to the mentally ill and developmentally disabled populations. Dr. Byerly has submitted documentation of completion of all required adult foster care training requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Dr. Byerly acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Dr. Byerly has indicated that direct care staff will be awake during sleeping hours.

Dr. Byerly acknowledged an understanding of the qualifications, suitability, and training 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.

Dr. Byerly acknowledged an understanding of the responsibility to assess the good moral character of employees. Dr. Byerly acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Dr. Byerly acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, Dr. Byerly 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.

Dr. Byerly acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Dr. Byerly acknowledged the responsibility to maintain all required documentation in each employee’s record for licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Dr. Byerly acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Dr. Byerly acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Dr. Byerly acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

Dr. Byerly acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Dr. Byerly acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

Dr. Byerly acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Dr. Byerly indicated the intent to respect and safeguard these resident rights.

Dr. Byerly acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Dr. Byerly acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Dr. Byerly acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six.



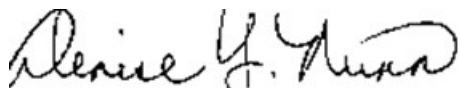
3/20/2024

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



03/22/2024

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Denise Y. Nunn  
Area Manager

Date