



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 8, 2024

Mary Stathopoulos  
64220 Lowe Plank Rd.  
Lenox Twp., MI 48050

RE: Application #: AF500418142  
**Farm House Family Home**  
**64220 Lowe Plank Rd.**  
**Lenox Twp., MI 48050**

Dear Mary Stathopoulos:

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 4 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 "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AF500418142                                  |
| <b>Applicant Name:</b>                  | Mary Stathopoulos                            |
| <b>Applicant Address:</b>               | 64220 Lowe Plank Rd.<br>Lenox Twp., MI 48050 |
| <b>Applicant Telephone #:</b>           | (586) 566-9009                               |
| <b>Administrator/Licensee Designee:</b> | N/A  |
| <b>Name of Facility:</b>                | Farm House Family Home                       |
| <b>Facility Address:</b>                | 64220 Lowe Plank Rd.<br>Lenox Twp., MI 48050 |
| <b>Facility Telephone #:</b>            | (586) 727-5357                               |
| <b>Application Date:</b>                | 12/26/2023                                   |
| <b>Capacity:</b>                        | 4  |
| <b>Program Type:</b>                    | DEVELOPMENTALLY DISABLED                     |

## II. METHODOLOGY

|            |   |
|------------|---|
| 12/26/2023 | Enrollment  |
| 01/04/2024 | PSOR on Address Completed   |
| 01/04/2024 | Inspection Report Requested - Health<br>Invoice No: 1034184       |
| 01/04/2024 | Contact - Document Received<br>1326/RI030                         |
| 01/04/2024 | Application Incomplete Letter Sent<br>AFC 100 for Patricia Taylor |
| 01/10/2024 | Contact - Document Received<br>AFC-100                            |
| 01/11/2024 | Application Incomplete Letter Sent                                |
| 01/16/2024 | Application Complete/On-site Needed                               |
| 02/16/2024 | Inspection Completed On-site                                      |
| 02/27/2024 | Inspection Completed-Env. Health: A                               |
| 03/22/2024 | Inspection Completed-BCAL Full Compliance                         |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

The home is a residential two-story home in Lenox Township, Michigan. The home has vinyl siding with a basement foundation. The property sits on 10 acres. There is one master bedroom on the first floor that is a non-resident bedroom. The first floor consists of a living room, kitchen, breakfast nook, half bathroom and laundry room. There is a 2.5 space attached garage with a large bedroom loft above that and is a non-resident room. The second level of the home consists of two resident bedrooms and a sitting room between the two bedrooms. There is second floor full bathroom. The home is not wheelchair accessible. The home utilizes private water and septic system.

The home and hot water tank is heated with a boiler located in the basement. The furnace and hot water heater are in the basement with a 1<sup>3</sup>/<sub>4</sub>-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The home is equipped a battery powered, single station smoke detectors have been installed near sleeping areas, in the living room, in near the furnace.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 13.2 x 19.11    | 262.24               | 2                   |
| 2         | 13.2 x 19.11    | 262.24               | 2                   |

**Total capacity: 4**

The breakfast nook, living, and sitting room areas measure a total of 572 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **A. Program Description**

The applicant(s) intends to provide 24-hour supervision, protection, and personal care to four (4) ambulatory residents, whose diagnosis is developmentally delayed. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from private pay individuals as a referral source.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant Mary Stathopoulos. Mary Stathopoulos and the designated responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mary Stathopoulos has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside financial resources.

Mary Stathopoulos acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for four (4) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

Mary Stathopoulos has indicated that for the original license of this four-bed family home, there is adequate supervision with one responsible person on-site 1-for-4 residents. Mary Stathopoulos acknowledges that the number of responsible persons on-site 1-to-4 resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

Mary Stathopoulos acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

Mary Stathopoulos 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)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mary Stathopoulos acknowledges an understanding of the administrative rules regarding medication procedures. In addition, Mary Stathopoulos 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.

Mary Stathopoulos acknowledges their responsibility to establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. Mary Stathopoulos acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

Mary Stathopoulos acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

Mary Stathopoulos acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mary Stathopoulos acknowledges their responsibility to obtain the required written assessment, 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.

Mary Stathopoulos acknowledges her 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 required to be maintained within each resident's file.

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

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

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

Mary Stathopoulos acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

#### **D. Rules or Statutory Violations**

Mary Stathopoulos 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 family home (capacity 1-4).

*L. Reed*

03/26/2027

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LaShonda Reed  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

04/08/2024

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Denise Y. Nunn  
Area Manager

Date