



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 2, 2025

Leslie Alston  
Water Brooks Living LLC  
P O Box 310264  
Flint, MI 48531

RE: Application #: AS250418172  
Covered Wagons AFC  
6097 Covered Wagons Trl  
Flint, MI 48532

Dear Leslie Alston:

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(517) 648-8877

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250418172

**Licensee Name:** Water Brooks Living LLC

**Licensee Address:** P O Box 310264  
318 W Ninth Ave.  
FLINT, MI 48503

**Licensee Telephone #:** (469) 315-8296

**Administrator/Licensee Designee:** Leslie Alston

**Name of Facility:** Covered Wagons AFC

**Facility Address:** 6097 Covered Wagons Trl  
Flint, MI 48532

**Facility Telephone #:** (469) 315-8296

**Application Date:** 01/16/2024

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODOLOGY

01/16/2024	On-Line Enrollment
01/16/2024	PSOR on Address Completed
01/25/2024	Application Incomplete Letter Sent
06/12/2024	Application Complete/On-site Needed
06/13/2024	Inspection Completed On-site
06/24/2024	Application Incomplete Letter Sent
01/28/2025	Inspection Completed On-site
02/26/2025	Application Incomplete Letter Sent
03/21/2025	Inspection Completed On-site Documentation received/virtual
04/01/2025	Inspection Completed-BCAL Full Compliance
04/01/2025	PSOR on Address Completed No hits
04/02/2025	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Covered Wagons AFC is an Adult Foster Care facility located at 6097 Covered Wagons Trail, Flint, Michigan in Flint Township. It is a two-story colonial style, vinyl sided, built in 1990 in a well-developed subdivision. Leslie Alston Licensee Designee owns the home. Leslie Alston has given permission for LARA to inspect the property and the right to occupy as an Adult Foster Care home. The home has a large sitting room, living room, kitchen and bathroom on the first floor. There are 3 full bathrooms. There are 4 resident bedrooms: 2 on the first floor and 2 on the 2<sup>nd</sup> floor. There is also an office on the 2<sup>nd</sup> floor. The full bathroom on the 2<sup>nd</sup> floor has a shower/tub enclosure. The 1<sup>st</sup> floor bathroom has a walk-in shower. Both bathrooms are equipped with safety shower bars and an exhaust fan. The kitchen allows seating for 6 residents. There is an attached 2-car garage on the side of the home, with a paved driveway leading to it. The northeast side of the home has an enclosed screen in porch.

There are two unobstructed means of egress for resident use. The first egress door is located at the front of the facility and exits to the front yard and the second egress door is located at the south side of the facility exiting to the garage and a door to the east in the back of the garage that exits to the backyard. The living room has a sliding glass door that leads to the backyard, but it is not considered an emergency exit. This home is not wheelchair accessible. The facility has municipal water and sewer.

The facility has a gas furnace and hot water heater located in the basement with a 1-3/4 solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility has a washer and dryer with a solid metal vent which is vented to the outside of the facility. The furnace and hot water heater were inspected by Lyon's Heating and Cooling on 3/17/2025 and were deemed to be in safe operating condition. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an interconnected hard wired smoke detection system with battery backup and is fully operational. There is a fireplace in the living room that is not functioning currently and is closed off to ensure it is not used.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (First Floor)	12'6"x12'	151.2 sq. ft.	2
2 (First Floor)	15'x11'7"	175.5 sq. ft.	2
3 (E. Second Floor)	11'5"x13'8"	158.7 sq. ft.	1
4 (N.E. Second Floor)	13'9"x12'	166.8 sq. ft.	1

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. There is an office on the 2<sup>nd</sup> floor, and it is not for resident use. There is a room with a full bathroom on the 2<sup>nd</sup> floor occupying the southeast and southwest corners on the 2<sup>nd</sup> floor that will not be for resident use.

Both the living room and the kitchen dining area measure a total of 477.1 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

## **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 ambulatory adults, age 50 and over whose diagnosis is aged, developmentally disabled and/or mentally ill, in the least restrictive environment possible. 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. The applicant intends to accept residents from county community mental health agencies 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, and the responsible agency.

The licensee will not be providing transportation; however, all residents have access to transportation via public transportation services such as MTA Your Ride, etc. 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 Water Brooks Living LLC. Is a Domestic Limited Liability Corporation established in Michigan on 12/16/2016. 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 resident agent representing Water Brooks Living LLC is Leslie Alston. Documentation submitted appointing Leslie Alston as the Licensee Designee for this facility and Administrator of the facility.

A licensing record clearance request was completed with no LEIN 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-staff-to-6 residents per shift. The applicant acknowledges that the staff

–to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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.

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)) and the related documents required to be maintained in each employee’s 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 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, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant 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.

The applicant acknowledges their 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.

The applicant acknowledges their 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.

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

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

The applicant acknowledges 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 care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend the issuance of a six-month temporary license to this AFC adult small group home (capacity 3-6).



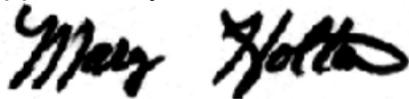
4/02/2025

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Cynthia Badour  
Licensing Consultant

Date

Approved By:



4/02/2025

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Mary E. Holton  
Area Manager

Date