



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 14, 2025

Neomi Saydee
Faith Family Home LLC
PO BOX 5529
5228 South Washington Av
Lansing, MI 48911

RE: Application #: AS330418977
Faith Family Home
5228 South Washington Ave
Lansing, MI 48911

Dear Ms. Saydee:

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 5 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) 284-9730.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330418977
Applicant Name:	Faith Family Home LLC
Applicant Address:	PO BOX 5529 5228 South Washington Av Lansing, MI 48911
Applicant Telephone #:	(517) 420-0653
Licensee Designee:	Neomi Saydee
Administrator:	Neomi Saydee
Name of Facility:	Faith Family Home
Facility Address:	5228 South Washington Ave Lansing, MI 48911
Facility Telephone #:	(517) 420-0653
Application Date:	11/08/2024
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/08/2024	Enrollment
11/08/2024	Application Incomplete Letter Sent requested EIN, RI030
11/08/2024	PSOR on Address Completed
11/08/2024	Contact - Document Sent- forms sent
11/15/2024	File Transferred To Field Office
11/18/2024	Application Incomplete Letter Sent
11/22/2024	Consultation Requested/Provided- Provided email and verbal instructions for Ms. Saydee to be LD and Administrator.
01/14/2025	Contact - Document Received- Received Documents-Financial and Ownership.
02/10/2025	Contact - Document Received- Email from LD to discuss training documentation from you ube channel.
03/13/2025	Contact - Document Received- Email from LD with documents attached.
04/11/2025	Application Complete/On-site Needed
04/11/2025	Inspection Completed On-site
04/11/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home with brand new vinyl siding, windows, and shingled roof with a large backyard. The facility is located on the southside of Lansing, MI, in Delhi Township on 0.45 acres and built in 1929. The facility has two approved means of egress to enter and exit the facility. Each egress includes a set of three steps to a porch upon entering the facility thus making the facility **NOT** wheelchair accessible. The facility has a cement driveway with plenty of parking space for employees and visitors. Upon entering the facility through the egress at the front of the house you will be greeted by an office which opens into the living room. Off the living room is a private resident bedroom. After going through the living room is the dining room and off the dining room is another private resident bedroom. Between the two private resident bedrooms, there is a full bathroom with tub/shower combination. Beyond the dining

room, is the kitchen and a breakfast nook, then a hallway that holds three resident bedrooms. The resident bedroom on the left side of the hallways is a semiprivate bedroom with a half bathroom with a sink and commode. The two bedrooms on the right side of the hallway are private bedrooms. The facility has a basement, half of which is finished and is the private living quarters of the licensee designee's family. Residents will not have access to this area. The washer, dryer, storage room and furnace located in the other half of the basement. Residents will have access to these areas except the furnace area. The facility utilizes public water and sewage system.

The facility uses force air heat with a natural gas furnace. The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of stairs. The facility has central air conditioning and a portable generator. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by Collick Electric, a licensed electrician, and is fully operational. The furnace and hot water heater were inspected by A-OK Heating and Cooling and found to be fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 Off Living Room	8.5 ft X 9.7 ft	82.45 sq. ft	1
#2 Off Dining Room	8.5ft X 9.7 ft	82.45 sq. ft	1
#3 On Right Side of Hallway	10.1 ft X 11.8 ft 5.4 ft X 1.4 ft	126.74	1
#4 Across from Bedroom on Right	9.5ft X 12.5 ft	118.75 sq ft	1
#5 Next to Bedroom #4	9.5ft X 10.42ft	98.99 sq ft	1
Living Room	13 ft X 11 ft	143 sq ft	
Dining Room	10 ft X 11ft	110 sq ft	
Breakfast Nook	5ft X 7ft	35sq ft	

The living, dining, and sitting room areas measure a total of 288 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 **five** (5) 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 **five** (5) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, Aged, or physically handicapped 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 MDHHS, CMH, VA or 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, and the responsible agency.

The licensee will assist in arranging all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment to include the local sport venues, like the Capital, and the community events-festivals. 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 Faith Family Home LLC., which is a "Domestic Limited Liability Company", was established in Michigan, on 05/24/2024. 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 Faith Family Home LLC. have submitted documentation appointing Naomi Saydee as Licensee Designee and as the 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 has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home

rules. Naomi Saydee has been a licensed certified nurses' aide for 23 years providing direct care to all service populations for more than 14 years in an adult foster care setting.

The staffing pattern for the original license of this 5-bed facility is adequate and includes a minimum of 1 staff –to- 5 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 not be awake during sleeping hours, but this will adapt with the needs of the residents in care.

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) 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 in order to document the date and amount of the adult foster care service fee paid each month and all resident 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

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

VI. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of five residents.

Bridget Vermeesch

04/14/2025

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

04/14/2025

Dawn N. Timm
Area Manager

Date