



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 16, 2025

Ryan Wickson  
Hope Shores Stanley, LLC  
13224 Lake Shore Dr  
Fenton, MI 48430

RE: Application #: AS250418941  
Hope Shores Stanley, LLC  
7055 Stanley Rd  
Flushing, MI 48433

Dear Ryan Wickson:

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 and special certification 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 blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 931-1092

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250418941
<b>Licensee Name:</b>	Hope Shores Stanley, LLC
<b>Licensee Address:</b>	7055 Stanley Rd Flushing, MI 48433
<b>Licensee Telephone #:</b>	(810) 964-0412
<b>Licensee Designee:</b>	Ryan Wickson
<b>Administrator:</b>	Ryan Wickson
<b>Name of Facility:</b>	Hope Shores Stanley, LLC
<b>Facility Address:</b>	7055 Stanley Rd Flushing, MI 48433
<b>Facility Telephone #:</b>	(810) 964-0412
<b>Application Date:</b>	10/30/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

10/30/2024	On-Line Enrollment
10/30/2024	SC-Application Received - Original
10/31/2024	PSOR on Address Completed
10/31/2024	Inspection Report Requested - Health Invoice #: 1034691
10/31/2024	Contact - Document Sent Forms sent.
11/12/2024	Inspection Completed-Env. Health : A
11/13/2024	Contact - Document Received 1326/RI030, and MC.
11/13/2024	Comment Email sending requesting receipt for FP.
11/14/2024	Contact - Document Sent IRS letter.
11/15/2024	Contact - Document Received IRS letter
11/18/2024	File Transferred to Field Office
11/19/2024	Application Incomplete Letter Sent
05/12/2025	SC-ORR Response Requested
05/12/2025	SC-ORR Response Received-Approval
05/14/2025	Application Complete/On-site Needed
05/15/2024	Inspection Completed Onsite
05/15/2025	Inspection Completed-BCAL Full Compliance
05/15/2024	Recommend License Issuance
05/15/2025	SC-Inspection Completed On-Site
05/15/2025	SC-Inspection Full Compliance
05/15/2025	SC-Recommend MI and DD

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a one-story vinyl and brick sided home located in Flushing, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility utilizes a private well and septic system that was inspected on 11/24/24 by the Genesee County Environmental Health Department and given an “A” rating. This facility is owned by the applicant, Hope Shores Stanley, LLC, established on 107/24. This facility is wheelchair accessible.

This facility has two full bathrooms located on the main floor of the facility for resident use with an additional bathroom available for staff use. This facility has a full kitchen, dining room, and two living room areas also located on the main floor of the facility. The living room areas and dining room measures 947 sq. ft. The dining room contains a table and six chairs with room to serve six residents. The laundry area is located on the ground floor of this facility and is adequate to meet the needs of six residents.

The hot water heater and furnace 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 in rooms that are constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The furnace was inspected on 05/14/2025 and is in good working order.

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

<b>Location</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Capacity</b>
Bedroom #1	7'8"X13'5"	116 sq. ft.	1
Bedroom #2	6'8"X16'9"	153 sq. ft.	1
Bedroom #3	12'8"X10'5"	142 sq. ft.	1
Bedroom #4	9'6"X13'2"	123 sq. ft.	1
Bedroom #5	13'10"X14'2"	197 sq. ft.	1
Bedroom #6	8'10"X12'2"	119 sq. ft.	1
<b>Total Capacity = 6 residents</b>			

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the applicant’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 adults whose diagnosis is developmentally disabled 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.

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 applicant 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 Hope Shores Stanley, LLC. 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. Hope Shores Stanley, LLC was established on 10/07/2024 and is currently in good standing.

Ryan Wickson has been named the licensee designee and administrator for the applicant. Ryan Wickson has submitted documentation to demonstrate that he possesses the experience to meet the requirements for licensee designee and administrator.

A licensing record clearance request was completed and approved for Ryan Wickson. Ryan Wickson submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

The applicant has 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 1 staff 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)), L-1 Identity Solutions™ (formerly Identix ®), 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 applicant, 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 applicant, 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**

Compliance with the licensing act and applicable administrative rules related to the physical plant has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 1-6).



05/15/2025

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



05/16/2025

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Mary E. Holton  
Area Manager

Date