



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 12, 2025

Janay Schaffer  
38855 Plumbrook Dr  
Farmington Hills, MI 48331

RE: Application #: AS630417508  
**Building Faith Inc**  
**3335 Lone Pine**  
**West Bloomfield, MI 48323**

Dear Ms. Schaffer:

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(248) 302-2409

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630417508
<b>Licensee Name:</b>	Janay Schaffer
<b>Licensee Address:</b>	38855 Plumbrook Dr Farmington Hills, MI 48331
<b>Licensee Telephone #:</b>	(248) 200-6008
<b>Administrator:</b>	Janay Schaffer
<b>Name of Facility:</b>	Building Faith Inc
<b>Facility Address:</b>	3335 Lone Pine West Bloomfield, MI 48323
<b>Facility Telephone #:</b>	(248) 200-6008
<b>Application Date:</b>	08/17/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

08/17/2023	On-Line Enrollment
08/21/2023	Contact - Document Received 1326/afc100/ri030
08/21/2023	PSOR on Address Completed No hits.
08/22/2023	Contact - Document Sent forms sent
10/18/2023	Contact - Document Sent Follow up 2nd req app incomplete letter.
12/13/2023	Contact - Document Received Received email to verify the names and the individuals listed were removed since they were residents.
12/14/2023	Application Incomplete Letter Sent
03/01/2024	Contact - Document Sent I emailed licensee Janay Schaffer regarding application incomplete letter. Documentation for licensure was due 03/01/2024. No documentation has been received.
03/01/2024	Contact - Document Received I received an email from licensee requesting an extension until 03/08/2024, to return requested documentation for licensure.
03/13/2024	Contact - Document Sent I emailed licensee to request a status update on application incomplete letter.
04/15/2024	Contact - Document Sent I emailed a 10-day inactive application letter to the licensee.
04/25/2024	Contact - Document Received I received an email from licensee, that stated she will forward all required documentation no later than 05/03/2024.
05/13/2024	Contact - Document Sent I emailed licensee to request a status update on the application incomplete letter.
06/24/2024	Application Incomplete Letter Sent Additional documentation requested.

09/19/2024	Contact - Document Sent I emailed a 10-day inactive application letter to the licensee.
10/07/2024	Contact - Document Received Licensee sent multiple files via email. Licensing consultant was unable to open attachments as the files were sent as a Jpeg which is either not supported or the file is damaged. I requested documents be resent as Word or PDF files.
10/07/2024	Contact - Document Received Licensee provided facility documents for licensure including Personnel Policies and Procedures Manual, licensee resume, and licensee trainings.
10/08/2024	Application Incomplete Letter Sent Additional information requested.
11/11/2024	Contact - Document Received Copy of floor plan received.
11/26/2024	Contact - Documentation Sent Onsite inspection scheduled for 12/27/25.
12/24/2024	Contact - Documentation Received I received an email from licensee requesting to reschedule the onsite inspection due to her contractor being unable to complete the work to the physical plant until after the new year. Onsite rescheduled for 01/16/25.
01/16/2025	Inspection Completed On-site
01/16/2025	Inspection Completed-BCAL Sub. Compliance
01/16/2025	Confirming Letter Sent
02/03/2025	Contact - Document Sent I emailed licensee regarding the status of the corrections found during the onsite inspection.
02/24/2025	Contact – Documentation Received I received an email from licensee stating the repairs are expected to be completed by 03/10/25.
03/17/2025	Contact – Documentation Sent I emailed the licensee inquiring about the status of the repairs to the physical plant.

04/03/2025	Contact – Documentation Sent Second onsite inspection was scheduled for 04/07/25. I received an email from licensee requesting to reschedule. Appointment rescheduled for 04/17/25, per licensee’s request.
04/17/2025	Inspection Completed On-site Physical plant updates required. Enrollment documentation requested. Requested licensee update Live Fingerprints and Medical Clearance.
04/17/2025	Inspection Completed-BCAL Sub. Compliance
05/19/2025	Contact – Documentation Received Facility documentation received: job descriptions, licensee credit report, licensee bank statement, licensee training certificates, letter from D.P. Enterprises Renovations LLC which indicates the ceiling tiles in the basement are made of class C material, written statement from licensee which indicates Javon Brown will have no ownership interest in Building Faith INC AS630417508, and proof of physical plant repairs.
05/19/2025	PSOR on Address Completed No hits.
05/19/2025	Contact – Documentation Received Licensee provided a copy of an updated Medical Clearance Request and TB test.
05/23/2025	Contact – Documentation Received Licensee provided proof of physical plant repairs and updated Live Fingerprints.
05/29/2025	Contact – Documentation Received Licensee provided proof of physical plant repairs.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This home is a tri-level home located in West Bloomfield. The home is located on a main road. The home has waterfront access to Bloomfield Pond. The home has five bedrooms, a kitchen, living room, sitting room, dining room, and an office. There is a ½ bathroom on the main floor, a full bathroom on the lower level, a full bathroom upstairs, and a full bathroom attached to bedroom # 1. The home has an attached garage and a basement. The basement has two bedrooms, a bathroom, and a kitchen that are not

approved for resident use. The facility is equipped with one ramp located at the main entrance. However, this facility is not wheelchair accessible and therefore they will not accept residents who are not ambulatory. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located in the basement. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The bedrooms and bathroom doors are equipped with positive latching, non-locking against egress hardware. All the bedrooms have adequate space, bedding, and storage. All the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1*	18'4" x 14'6"	268.64	2
2	11'5" x 12'3"	141.45	1
3	11'8" x 14'5"	171.1	1
4	9'11" x 14'7"	133.91	1
5	11'11" x 14'10"	156.65	1

**Total Capacity: 6**

\*Bedroom # 1 has an attached full bathroom.

The living room, dining room, and sitting area measure a total of 981.33 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 six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Building Faith was developed with the main goal and purpose to give individuals that cannot care for themselves a comfortable place to live with excellent care. Their goal is to have an at home feeling so that the residents will feel safe and well taken care of. The services that Building Faith will provide will help residents with growth and development. Building Faith will offer three meals and snacks each day. They will offer laundry services, assistance with toileting, bathing, grooming, dressing, transfer and mobility assistance to and from any appointments or outings and linking the residents to an Adult Day Program that will offer numerous activities along with occupational and physical therapy. Building Faith will provide a safe, secure environment with trained staff. Building Faith staff will strive to meet the emotional, physical, and intellectual needs of all residents.

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 male or female adults whose diagnosis is traumatic brain injured, physically handicapped, aged or Alzheimer's. 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 facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize community resources including the mall, movies, restaurants, public schools, libraries, local museums, shopping centers, and local parks. This facility is located 5.6 miles away from Henry Ford West Bloomfield Hospital which has a 24/7 emergency department.

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

The applicant is Janay Schaffer. Ms. Schaffer submitted financial statements and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee, Janay Schaffer. Ms. Schaffer submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The licensee, Ms. Schaffer, provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Schaffer has a Bachelor of Science in Criminal Justice from Saginaw Valley State University. Since 2018, Ms. Schaffer has been the Program Director at Oak View Adult Foster Care Home where she oversees the program and provides in home case management services for the residents. Ms. Schaffer was also the Regional Administrative Assistant at Christos Child Care & Academy 2 where she managed three daycares throughout the Metro Detroit area. Ms. Schaffer was responsible for maintaining compliance with state requirements and guidelines. Currently, Ms. Schaffer works at Neighborhood Legal Services as a Housing Case Manager. Ms. Schaffer is responsible for providing clients with resources such as food, clothing, and transportation.

The staffing pattern for the original license of this six-bed facility is adequate and Ms. Schaffer includes a minimum of one staff –to- six residents per shift.

The applicant, Ms. Schaffer 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.

Ms. Schaffer 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.

Ms. Schaffer 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.

Ms. Schaffer 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.

Ms. Schaffer 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, Ms. Schaffer 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.

Ms. Schaffer acknowledges her 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.

Ms. Schaffer 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.



Ms. Schaffer acknowledges her 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.

Ms. Schaffer 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 that are required to be maintained within each resident's file.

Ms. Schaffer 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 of the resident's personal money transactions that have been agreed to be managed by the applicant.

Ms. Schaffer 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.

Ms. Schaffer 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.

Ms. Schaffer acknowledges her 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**

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended

**IV. RECOMMENDATION**

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



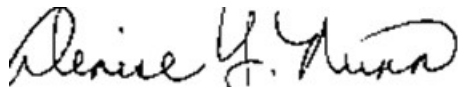
05/29/2025

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Johnna Cade  
Licensing Consultant

Date

Approved By:



06/12/2025

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Denise Y. Nunn  
Area Manager

Date