



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 10, 2025

Shamara Watkins
Harmony Hearts Village LLC
26730 Belanger St.
Roseville, MI 48066

RE: Application: AS500419205
Woods-IN Homes
21725 Ulrich St.
Clinton Township, MI 48036

Dear Ms. Watkins:

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 "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

License #:	AS500419205
Applicant Name:	Harmony Hearts Village LLC
Applicant Address:	21700 Greenfield Rd. Oak Park, MI 48237
Applicant Telephone #:	(313) 442-3144
Administrator/Licensee Designee:	Justin Cain/Shamara Watkins
Name of Facility:	Woods-IN Homes
Facility Address:	21725 Ulrich St. Clinton Township, MI 48036
Facility Telephone #:	(586) 510-0773
Application Date:	02/05/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/05/2025	Enrollment
02/05/2025	PSOR on Address Completed
02/05/2025	Application Incomplete Letter Sent 1326/RI030
02/05/2025	Contact - Document Sent Forms sent
02/07/2025	Contact - Document Received 1326/RI030
02/18/2025	Application Incomplete Letter Sent
06/05/2025	Inspection Completed-BCAL Sub. Compliance
07/01/2025	Corrective Action Plan Received
07/01/2025	Corrective Action Plan Approved

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The small adult foster care home is located in a residential area in Clinton Township, Michigan. The nearby schools include Clinton Valley Elementary School, Seminole Academy and St. Luke Lutheran Church & School. There are several attractions in Clinton Township such 24-acre arboretum, Neil E. Reid Park, Nicholson Nature Center and Clinton Township Adult Senior Center. There are two major hospitals in Clinton Township. Both Henry Ford Health System and McLaren Health Care continue to expand their facilities and services to better care for township residents.

The home is a single-story ranch structured home with an attached garage. The first floor of the home consists of a living room, family room, dining room, kitchen, two full bathrooms, first floor laundry room and five bedrooms. The home is accessible wheelchairs. The home has gas heating and air with public water and sewage.

The furnace and hot water heater are located on the first floor of the home with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with a hardwire smoke detection system, with battery back-up and is 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	11.7 x 10.5	120.66	1
2	10 x 11.3	112.50	1
3	15.10 x 11.8	184.72	2
4	19.3 x 9	173.25	1
5	9.2 x 12.9	114.75	1

Total capacity: 6

The living room, family room and dining room areas measure a total of 734 square feet of living space. This exceeds the minimum of 35 square feet per resident 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

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 or non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged and physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Residents will be referred to by private marketing.

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 Harmony Hearts Village LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 07/05/2020. 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 Board of Directors of Harmony Hearts Village LLC has submitted documentation appointing Shamara Watkins as licensee designee for this facility and Justin Cain as the administrator of the facility.

Shamara Watkins, licensee designee, has over 16 years of experience providing high-quality patient care in several medical settings. In 2011, Ms. Watkins completed a

Certificate in Medical Assistance at Kaplan Career Institute. Ms. Watkins is currently the Founder and CEO of Harmony Hearts Solutions LLC since 2019. In this position Ms. Watkins does budgeting, resource management, team building, training, crisis management, patient health consulting, collaboration with healthcare providers, patient care coordination and financial management. Ms. Watkins has additional experience as a front Desk Assistant at Henry Ford Health Systems from 12/2018 to 03/2019; a Lab Assistant & Phlebotomist for At Home Physicians from 05/2014 - 07/2015; a Medical Assistant & Receptionist for Harmony Health Choice from 03/2012 - 05/2014 and a Direct Care Manager for Quest Inc. from 12/2008 – 07/2012.

Justin Cain, administrator, attended Kaplan University in 2011 and studied nursing assistance. Mr. Cain currently works as a direct care worker at Harmony Hearts Solutions since 11/2024. In this position, Mr. Cain provides support of elderly individuals and those with disabilities home setting, prepares and serves custom meals according to dietary needs for each resident, assists with daily hygiene routines, checks vitals and maintain charts.

A licensing record clearance request was completed with no LEIN convictions recorded for the Shamara Watkins, Licensee Designee and Justin Cain, Administrator of the facility. Ms. Watkins and Mr. Cain submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Watkins and Mr. Cain 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 six-bed facility is adequate and includes a minimum of one staff to six residents per shift. All staff shall be awake during sleeping hours.

Ms. Watkins and Mr. Cain 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 1–to-6 resident ratio.

Ms. Watkins and Mr. Cain 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Ms. Watkins and Mr. Cain acknowledge 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. Watkins and Mr. Cain have 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. Watkins and Mr. Cain acknowledge 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, Ms. Watkins and Mr. Cain acknowledge their responsibility to maintain an employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

Ms. Watkins and Mr. Cain acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Watkins and Mr. Cain indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Watkins and Mr. Cain acknowledged 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. Ms. Watkins and Mr. Cain have 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. Watkins and Mr. Cain acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Watkins and Mr. Cain acknowledge their responsibility to obtain all 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, Ms. Watkins and Mr. Cain acknowledge their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

Ms. Watkins and Mr. Cain acknowledge 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

Ms. Watkins and Mr. Cain were in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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

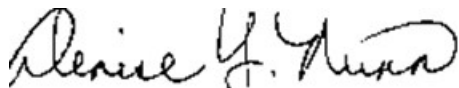


07/09/2025

LaShonda Reed
Licensing Consultant

Date

Approved By:



07/10/2025

Denise Y. Nunn
Area Manager

Date