GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2025

Zubair Ahmed
Evergreen Villas LLC
205 Washington St
Mount Clemens, MI 48043

RE: Application #: AL500419275
Evergreen Villas
205 Washington St.
Mount Clemens, MI 48043

Dear Mr. Ahmed:

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 20 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,

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 #:	AL500419275
Applicant Name:	Evergreen Villas LLC
Applicant Address:	205 Washington St Mount Clemens, MI 48043
Applicant Telephone #:	(616) 485-0584
Administrator/Licensee Designee:	Zubair Ahmed
Name of Facility:	Evergreen Villas
Facility Address:	205 Washington St. Mount Clemens, MI 48043
Facility Telephone #:	(248) 231-3616
Application Date:	03/04/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

03/04/2025	Enrollment
03/04/2025	PSOR on Address Completed
03/04/2025	Application Incomplete Letter Sent 1326/New FPS
03/04/2025	Contact - Document Sent Fire Safety Letter sent & Forms
04/16/2025	Contact - Document Sent Email asking for 1326.
04/18/2025	Contact - Document Received 1326
04/18/2025	File Transferred To Field Office
04/24/2025	Application Incomplete Letter Sent
05/21/2025	Application Complete/On-site Needed
05/22/2025	Inspection Completed On-site
05/23/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The large adult foster care home is located in a residential area in Mount Clemens, Michigan in Macomb County. The home is a single/multi-family home with an unfinished basement. The home is owned by Simrat Dhillon and Arman Siddiqui and both submitted a letter giving permission to Evergreen Villas to operate as an adult foster home. The home was previously a church and was rezoned on 03/08/2018 as a multiple family residential to be used as an adult foster care facility by the City of Mount Clemens Michigan Municipal Corporation.

The first floor of the home consists of a living room, dining room, staff office, kitchen, first floor laundry room, four full bathrooms and 12 bedrooms. The furnaces and hot water heaters are located in the basement with a 1¾ -inch solid core door equipped with an automatic self-closing devices and positive latching hardware located at top of stairs. 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 Bureau of Fire Safety conducted an inspection on 02/12/2024 and gave an A rating.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13 x 13.3	172	2
2	11 x 12	144	2
3	12.7 x11	136	1
4	12.7 x11	136	1
5	11 x 13.7	139	1
6	12 x 12.7	152	2
7	13.1 x 14.9	192	2
8	11 x 13.7	150	2
9	12.2 x 13.1	159	2
10	12.5 x 12.8	157	1
11	13.5 x 12.4	165	2
12	12.3 x 12.4	151	2
			Total beds: 20

The living, and dining room areas measure a total of 1071 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 **twenty** (20) 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 **twenty** (20) male or female ambulatory or non-ambulatory adults whose diagnosis is physically handicapped, developmental delayed and Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills.

Evergreen Villas is wheelchair accessible. The program is designed to enhance the independent living skills and to maintain the cognitive efficiency of residents by providing a variety of social, vocational, recreation and maintenance activities. The goal of such services is to maintain these residents in the community, providing the continued cognitive stimulation necessary to avoid deterioration of skill levels by engaging in activities of daily living.

The Evergreen Villas will provide all transportation for emergency purposes. In the vent that a resident and his or her representative requests transportation for appointments, services or various activities, Evergreen Villas will make arrangements on the residents' behalf. All costs will be directly transferrable to resident or designated representative.

Evergreen Villas 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 Evergreen Villas is L.L.C., which is a "Domestic Limited Liability Company," was established in Michigan, on 11/18/2016. Evergreen Villas is L.L.C 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 Evergreen Villas is L.L.C has submitted documentation appointing the Licensee Designee and administrator for this facility as Zubair Ahmed.

The licensee designee/administrator Zubair Ahmed currently works in the healthcare setting. Mr. Ahmed currently is the licensee designee and/or administrator for Evergreen Villas #AM500402137 and Safe Haven Hill, license #AS630408702. Mr. Ahmed has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Ahmed was a principal and director of business development/operations for Pioneer Rehabilitation Specialist for five years. Mr. Ahmed has also trained and provided care for residents with Alzheimer's, traumatic brain injury, physically handicapped, developmentally delayed, and mentally ill.

A licensing record clearance request was completed with no LEIN convictions recorded Mr. Ahmed. Mr. Ahmed submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results. Mr. Ahmed 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 20-bed facility is adequate and includes a minimum of 2 staff-to-20 residents per shift. All staff shall be awake during sleeping hours. Mr. Ahmed 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 2–to-20 resident ratio. Mr. Ahmed 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 SolutionsTM (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Mr. Ahmed 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, Mr. Ahmed 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.

Mr. Ahmed 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, Mr. Ahmed acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

Mr. Ahmed acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Ahmed 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, Mr. Ahmed 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. Mr. Ahmed 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.

C. Rule/Statutory Violations

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

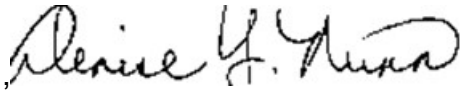
IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

06/23/2025

LaShonda Reed Date
Licensing Consultant

Approved By:



06/23/2025

Denise Y. Nunn Date
Area Manager