



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 6, 2025

Brenda Needham
Living Room Plus LLC
9606 Sunnyside
WHITMORE LAKE, MI 48189

RE: Application #: AS470418879
Living Room Plus
10514 Hamburg RD
Whitmore Lake, MI 48139

Dear Ms. Needham:

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, 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 #:	AS470418879
Licensee Name:	Living Room Plus LLC
Licensee Address:	9606 Sunnyside WHITMORE LAKE, MI 48189
Licensee Telephone #:	(517) 404-0701
Licensee Designee:	Brenda Needham
Administrator:	Brenda Needham
Name of Facility:	Living Room Plus
Facility Address:	10514 Hamburg RD Whitmore Lake, MI 48139
Facility Telephone #:	(517) 404-0701
Application Date:	10/04/2024
Capacity:	5
Program Type:	AGED

II. METHODOLOGY

10/04/2024	On-Line Enrollment.
10/07/2024	PSOR on Address Completed.
10/07/2024	Contact - Document Sent forms sent.
01/17/2025	Contact - Document Sent 2nd request sent.
02/09/2025	Contact - Document Received.
02/09/2025	Contact - Document Sent email to licensee requesting EIN again.
02/10/2025	Contact - Document Received.
02/12/2025	File Transferred to Field Office.
02/19/2025	Application Incomplete Letter Sent.
02/19/2025	Contact - Telephone call made message left with Brenda.
03/03/2025	Contact - Document Received Documents received.
04/14/2025	Contact - Document Sent.
05/11/2025	Contact - Document Received.
06/03/2025	Contact - Document Sent.
06/19/2025	Contact - Document Received.
08/19/2025	Contact - Document Received.
08/21/2025	Contact - Document Sent.
09/03/2025	Inspection Completed On-site.
09/03/2025	Inspection Completed-BCAL Sub. Compliance.
09/04/2025	Confirming Letter sent
10/02/2025	Inspection Completed On-site
10/02/2025	CAP Verification
10/02/2025	Inspection Completed-BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a colonial style home that was built in 1978 and located in Whitmore Lake, Michigan, on 0.24-acre lot. The facility is on a paved main road and has a paved driveway that provides ample parking for visitors and staff. There is a small patio outside near the back of the facility that connects to the driveway. Both entrances into the facility are at grade and can be accessed by person using a wheelchair. The hallways, doorways and bathrooms are all large/wide enough to accommodate wheelchair users.

Hamburg Township is in southeastern Livingston County and is bordered to the south by Washtenaw County. State highway M-36 crosses the township, passing through Lakeland and Hamburg, and leading east 5 miles to U.S. Route 23 at Whitmore Lake and west the same distance to Pinckney. Restaurants, shopping, a bank, post office, library and a variety of churches are available to residents in Hamburg Township.

The main level of the facility consists of two sitting (living areas)/dining areas, a kitchen, laundry room, two full bathrooms and three resident bedrooms. The facility has a basement that contains the facility's furnace and hot water heater. Floor separation is achieved by a solid wood core door located at the top of the basement stairs and the door is equipped with an automatic self-closing device and positive-latching, door hardware. The basement will not be utilized for resident use. The facility is equipped with central air conditioning and a full facility generator. The residents' bedrooms, living and activity areas are measured as follows:

Bedroom #1	15'02" X 14'02"	214.86 Square Feet	2 Residents
Bedroom #2	12'07" X 5'09" + 16' 04" X 6' 02"	173.08 Square Feet	2 Residents
Bedroom #3	15'01 X 12'05" + 12'05" X 5'07"	89.24 Square Feet	1 Resident

The indoor living and dining areas measure approximately 1,458 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. There are three resident bedrooms, two resident bedrooms can accommodate two same sex individuals or a married couple if they wish to stay together. It is the licensee's responsibility not to exceed the facility's licensed capacity of 5 residents.

Laundry appliances are not regularly accessed by the residents but are located in a separate room on the main floor. Residents do not do their own laundry but may aid in folding clothes should the assessment plan indicate this is appropriate.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by a licensed electrician, is fully operational and was inspected on 09/30/2025 by HP electric LLC. The facility has a public water supply and sewage disposal system. All smoke detectors are hard-wired into the structure's electrical system and are located in all sleeping areas, kitchen, and living areas. The facility had a new furnace installed on 06/17/2024 by Briggs Mechanical Inc.

The residents will not access the basement. The basement contains a low ceiling known as a "Michigan" basement. The basement floor is gravel and contains the furnace and hot water heater.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to five male and/or female residents who are aged and at least 60 years. The program will include opportunities to socialize with one another and direct care staff members through crafts, bingo, coloring, reading, puzzles, watching television and enjoying the outdoors. Family and friends are strongly encouraged to visit as often as possible with their loved one.

The program will provide supportive services and health care assistance for residents in a family environment. The program offers visiting physicians, hospice care, home cooked meals, housekeeping, medication administration, recreational activities, and assistance with activities of daily living. The applicant intends to accept residents with private sources for payment.

C. Applicant and Administrator Qualifications:

Applicant Brenda Needham submitted admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility which were reviewed and accepted as written.

Applicant Brenda Needham in collaboration with facility direct care staff members will continually assess the resident and make changes as necessary to meet resident needs. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by direct care staff trained in the intervention techniques. In addition to the above program elements, it is the intent of the applicant to utilize local community resources such as Tri-County Office on Aging for recreational activities as well as bringing in books from the local library for residents. The facility has board games, puzzles, and crafts as well. The program will utilize resources to provide an environment to enhance the quality of life of residents. Applicant Brenda Needham will also ensure that transportation is available for programming and medical needs.

Applicant Brenda Needham 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. Brenda Needham also submitted documentation

appointing herself as administrator for this facility. Criminal history background checks were completed on Brenda Needham and she was determined to be of good moral character to provide licensed adult foster care. Brenda Needham submitted a statement from a physician documenting good health and current negative tuberculosis test results. Brenda Needham provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Applicant Brenda Needham has her Bachelor of Science degree in nursing and is a registered nurse. She began working with the aged population in 02/2013 in home health care where her duties included patient assessments, completing reports, documentation, verifying accuracy of orders, medication administration records and administering medications along with meeting the physical needs of patients. Brenda Needham taught medication administration classes and supervised medication technicians. Brenda Needham also worked in Rehabilitation & Acute Care. Additionally, Brenda Needham worked for two years in a hospital stroke unit and as a Chronic Disease Care Manager. Most recently Brenda Needham worked at a Residential Supported Independent Living program serving individuals with Traumatic Brain Injury.

Brenda Needham stated there will be one staff member per shift but she will adjust the staff-to-resident ratio as the number of residents grows and ensure that the safety, supervision and care needs of residents are met in accordance with the resident's written assessment plan. Staff members will be awake while on shift including midnight shift. Brenda Needham also acknowledged that the staff-to-resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

Brenda Needham acknowledged 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. Brenda Needham acknowledged an understanding of the responsibility to assess the good moral character of employees. Brenda Needham acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Brenda Needham acknowledged the responsibility to obtain 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, Brenda Needham acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee, administrator and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Brenda Needham acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received

medication training and have been determined competent by the licensee designee/ administer Brenda Needham will administer medication to residents. In addition, Brenda Needham indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Brenda Needham acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. Brenda Needham acknowledged the 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. Applicant Brenda Needham acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Brenda Needham acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Brenda Needham acknowledged 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Brenda Needham acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Brenda Needham indicated the intent to respect and safeguard these resident rights.

Brenda Needham acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Brenda Needham acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30- day or less than 30-day discharge is requested.

Brenda Needham acknowledged that residents with mobility impairments will only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of five residents.

Julie Elkins

10/06/2025

Julie Elkins
Licensing Consultant

Date

Approved By:

Dawn Timm

10/06/2025

Dawn N. Timm
Area Manager

Date