



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 11, 2025

LaToya Johnson
Suite 266
46036 Michigan Ave
Canton, MI 48188

RE: Application #: AS630419508
NuHaven AFC Transitional Services
21330 Evergreen Rd
Southfield, MI 48075

Dear LaToya Johnson:

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 4 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,

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
3026 West Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419508
Licensee Name:	LaToya Johnson
Licensee Address:	Suite 266 46036 Michigan Ave Canton, MI 48188
Licensee Telephone #:	(313) 800-3688
Administrator/Licensee Designee:	LaToya Johnson
Name of Facility:	NuHaven AFC Transitional Services
Facility Address:	21330 Evergreen Rd Southfield, MI 48075
Facility Telephone #:	(855) 262-2775
Application Date:	05/02/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/02/2025	On-Line Enrollment
05/05/2025	PSOR on Address Completed
05/05/2025	Contact - Document Sent Forms sent.
05/07/2025	Contact - Document Received 1326/RI030
05/07/2025	File Transferred to Field Office
05/29/2025	Contact - Telephone call received Licensee called and hasn't heard back from the consultant.
06/02/2025	Application Incomplete Letter Sent
08/08/2025	Inspection Completed On-site
08/21/2025	Contact - Document Received Received pictures
09/03/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based on the requirements of P.A. 218 of the Michigan Public Act of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

NuHaven AFC Transitional Services is located at 21330 Evergreen Rd, Southfield, MI 48075 and is owned by MVP Enterprise, LLC and represented by Robert Murphy. Proof of ownership and permission to inspect the property is contained in the facility file. On 5/01/2025 a lease agreement was established between MVP Enterprise LLC and NuHaven AFC Transitional with an expiration date of 5/03/2028.

NuHaven is a brick colonial style structure with a total of 1170 square feet of living space. The main level of the home consists of a living room, dining room, kitchen, and one bedroom. The second floor of the home consists of three bedrooms (one with a full bathroom), and one full bathroom near the top of the stairway. The home also contains a basement and is not wheelchair accessible as each means of egress does not contain a ramp.

NuHaven is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is heated by a gas forced air furnace that is contained in the basement along with the hot water heater. The home utilizes public water supply and sewage disposal system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'2" x 14'3"	147	1
2	17' x 11'11"	120	1
3	9'5" x 9'6"	90	1
4	9'6" x 13'1"	122	1

Total capacity: 4

The indoor living and dining areas measure a total of 342 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 4 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Ms. Johnson intends to provide 24-hour supervision, protection and personal care to four (4) male and/or female adults who are aged, mentally ill and/or developmentally disabled.

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. Admission and discharge policies, program statement, refund policy, personnel policies, and standard routine procedures for the facility were reviewed and accepted as written.

If required, behavior 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.

In addition to the above program elements, it is the intent of Ms. Johnson to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

The applicant is LaToya Johnson. Ms. Johnson has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents. Ms. Johnson will serve as the licensee designee and administrator for this facility.

A criminal history background check of LaToya Johnson was completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Johnson submitted statements from a physician documenting her good health and current negative tuberculosis test result.

Ms. Johnson provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Johnson holds a Bachelor of Science in Nursing degree from the University of Detroit Mercy and is currently licensed as a registered nurse in the State of Michigan. She is a certified Basic Life Support (BLS) Instructor. She has over 12 years of experience working in numerous hospitals as a registered nurse providing care to patients on multiple levels. Ms. Johnson also has two years of experience working in a nursing home providing direct care for patients.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff for 4 residents per shift. Ms. Johnson acknowledges 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. Ms. Johnson has indicated that direct care staff will be awake during sleeping hours.

Ms. Johnson 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.

Ms. Johnson acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Johnson 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.

Ms. Johnson 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 will administer medication to residents. In addition, Ms. Johnson 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. Johnson acknowledged the 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, Ms. Johnson acknowledged the 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. Johnson acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

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

Ms. Johnson 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. Ms. Johnson indicated the intent to respect and safeguard these resident rights.

Ms. Johnson 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.

Ms. Johnson 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.

Ms. Johnson acknowledged that residents with mobility impairments may 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 4.

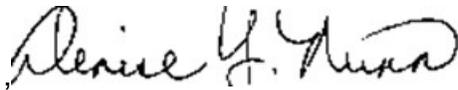


9/04/2025

Cindy Berry
Licensing Consultant

Date

Approved By:



09/11/2025

Denise Y. Nunn
Area Manager

Date