



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 30, 2025

Denise Hobbs
Specialized Care Facilities, Inc.
3873 Hi Crest Drive
Lake Orion, MI 48360

RE: Application #: AS630419542
Hillside Haven
8616 Hidden Acre Court
Independence Twp., MI 48348

Dear Denise Hobbs:

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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste 9-100
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419542
Licensee Name:	Specialized Care Facilities, Inc.
Licensee Address:	3873 Hi Crest Drive Lake Orion, MI 48360
Licensee Telephone #:	(810) 533-0392
Administrator/Licensee Designee:	Denise Hobbs
Name of Facility:	Hillside Haven
Facility Address:	8616 Hidden Acre Court Independence Twp., MI 48348
Facility Telephone #:	(810) 533-0392
Application Date:	05/12/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/12/2025	On-Line Enrollment
05/13/2025	PSOR on Address Completed
05/13/2025	Contact - Document Sent Forms sent.
05/22/2025	Contact - Document Received 1326/RI030 via email
05/22/2025	Comment FP sent to Ashley.
05/23/2025	File Transferred To Field Office
07/28/2025	Application Complete/On-site Needed
07/28/2025	Inspection Completed On-site
07/28/2025	Inspection Completed-BCAL Sub. Compliance
10/27/2025	Inspection Completed On-site
10/27/2025	Inspection Completed-BCAL Full Compliance

A. Physical Description of Facility

Hillside Haven is a large ranch style home with a walk-out finished basement (lower level) that has been converted into a living space located at 8616 Hidden Acre Court, in the subdivision of Independence Township in the Village of Clarkston. The upper level of this home will not be utilized by residents; therefore, residents will not have access.

Ms. Hobbs agreed and understood that no person shall reside in the upper level of the home without the knowledge and approval of the department.

Residents will enter through the rear of this home immediately into the dining room. Off the dining room is a large gathering room and then the kitchen is adjacent to the gathering room. There are four (4) bedrooms with single occupancy and one (1) bedroom with double occupancy. There is a full bathroom and a ½ bathroom on the lower level. Although the home is wheelchair accessible and has 2 approved means of egress from the lower level, the licensee designee Denise Hobbs will not be accepting any residents with mobility issues. **Hillside Haven** utilizes public water and public sewage systems.

The gas boiler and hot water heater are located in the lower level where residents will be residing and the room is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. **Hillside Haven** is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the lower level.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16.08 x 13.00	209	1
2	16.00 x 13.17	211	2
3	11.92 x 13.17	157	1
4	13.17 x 11.25	148	1
5	7.0 x 11.58	80	1
Total			<u>6</u>

The dining and gathering room areas measure a total of **417** 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

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 adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. 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. The applicant intends to accept residents from Oakland County Community Housing Network and Oakland County Community Mental Health as a referral source.

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 licensee Denise Hobbs will provide all transportation for program and medical needs. **Hillside Haven** will make provisions 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

Ms. Hobbs has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. Ms. Hobbs also has income from her full-time outside employment as a Compliance Manager.

The applicant is **Specialized Care Facilities, Inc.**, which is a "For Profit Corporation" established in Michigan, on 04/22/2025. Ms. Hobbs submitted an annual budget, projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of **Specialized Care Facilities, Inc.** have submitted documentation appointing Denise Hobbs as Licensee Designee and as the Administrator of **Hillside Haven**.

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

Ms. Hobbs, licensee designee and administrator, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Hobbs has over two years of experience with this population as she worked one-on-one care for a family member with developmental disabilities and mental illness. She provided direct care work for the family member including providing emotional support and stability in navigating their mental illness diagnosis and episodes. Ms. Hobbs also has administrative experience (6+ years) as she was responsible for overseeing the daily operations of a daycare center including managing staff and ensuring compliance with state regulations. Ms. Hobbs is currently employed full-time as a compliance professional responsible for Ethics and Compliance training and global policy development and management.

The staffing pattern for the original license of this **6**-bed facility is adequate and includes a minimum of **2** staff –to- **6** residents per shift. Ms. Hobbs 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. Ms. Hobbs has indicated that direct-care staff will **be** awake during sleeping hours.

Ms. Hobbs 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. Hobbs 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. Hobbs 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Hobbs 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. Hobbs 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. Hobbs acknowledges their 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. Hobbs 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. Hobbs 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. Hobbs acknowledges their 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. Hobbs acknowledges their 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. Hobbs acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Hobbs 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. Hobbs acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Hobbs indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Hobbs 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. Ms. Hobbs 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. Hobbs 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.

Ms. Hobbs acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to **Hillside Haven**, this adult foster care small group home capacity 6.

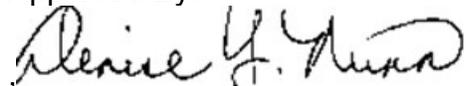


10/29/2025

Frodet Dawisha
Licensing Consultant

Date

Approved By:



10/30/2025

Denise Y. Nunn
Area Manager

Date