



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 23, 2025

Dana Pikula
Oasis Of Clarkston LLC
2575 Mcleod Drive North, Suite C
Saginaw, MI 48604

RE: Application #: AL630419477
Oasis Of Clarkston
7570 Dixie Hwy
Clarkston, MI 48346

Dear Ms. Pikula:

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,

A handwritten signature in cursive script that reads "Cindy Berry".

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 #:	AL630419477
Licensee Name:	Oasis Of Clarkston LLC
Licensee Address:	Suite C 2575 Mcleod Drive North Saginaw, MI 48604
Licensee Telephone #:	(989) 992-4587
Administrator/Licensee Designee:	Dana Pikula
Name of Facility:	Oasis Of Clarkston
Facility Address:	7570 Dixie Hwy Clarkston, MI 48346
Facility Telephone #:	(989) 992-4587
Application Date:	04/25/2025
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

04/25/2025	On-Line Enrollment
04/29/2025	Inspection Report Requested - Fire
04/29/2025	Comment Fire inspection email sent to Brian
04/29/2025	PSOR on Address Completed
04/29/2025	File Transferred to Field Office
06/02/2025	Application Incomplete Letter Sent Emailed to the LD.
11/05/2025	Application Complete/On-site Needed
11/25/2025	Inspection Completed On-site
11/25/2025	Inspection Completed-BCAL Full Compliance
12/04/2025	Contact - Document Received 1326/RI030 and AFC-100 for Dana.
12/04/2025	Comment FP sent to Ashley.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Oasis of Clarkston is located at 7570 Dixie Hwy in Clarkston, Michigan. It is a single story, ranch style facility that consists of 20 bedrooms, two are handicap accessible and all are equipped with bathrooms and showers, a large commercial kitchen, a spacious dining area, sitting and living area, a theater room, a family conference room and a café. There is also an office, laundry room and a restroom for staff. The facility has public water and sewage.

The furnace is located on the roof of the facility and the hot water heater is located in the mechanical room. The mechanical room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The facility is also equipped with an interconnected, hardwired smoke detection system, with battery back-up that was installed by a licensed electrician and is fully operational.

The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

There are three doors for means of egress, the main entrance at the front of the facility and two at the east side of the facility. All three doors are equipped with alarms and wheelchair accessible. There is a fenced patio located on the east side of the facility that is also equipped with an alarm.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' x 12'	144	1
2	12' x 12'	144	1
3	15' x 13'	195	1
4	16' x 16'	256	1
5	16' x 16'	256	1
6	15' x 13'	195	1
7	12' x 12'	144	1
8	12' x 12'	144	1
9	12' x 12'	144	1
10	12' x 12'	144	1
11	12' x 12'	144	1
12	12' x 12'	144	1
13	12' x 12'	144	1
14	15' x 13'	195	1
15	21' x 8'	168	1
16	21' x 8'	168	1
17	21' x 8'	168	1
18	15' x 13'	195	1
19	12' x 12'	144	1
20	12' x 12'	144	1

Total capacity: 20

The indoor living and dining areas measure a total of 1250 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant is Oasis of Clarkston LLC and intends to provide 24-hour supervision, protection and personal care to 20 male and/or female residents who are 60 years of

age or older and who have Alzheimer's disease or related conditions. The program will include social interaction skills, personal hygiene, personal adjustment and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If needed by residents, behavior interventions will be developed as identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

Transportation is not provided by Oasis of Clarkston LLC and will be the responsibility of the resident and/or the resident's responsible party for obtaining and paying for it. In addition to the above program elements, it is the intent of the applicant to utilize local community resources or recreational activities including public schools and libraries, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

Oasis of Clarkston LLC is a Domestic Limited Liability Company that was established in Michigan on 4/25/2025. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capacity to operate this adult foster care facility.

The Board of Directors of Oasis of Clarkston LLC has submitted documentation appointing Dana Pikula as the licensee designee and administrator.

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

Ms. Pikula provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Pikula has a high school diploma with almost six years of experience working in the field. She worked as a group home manager and regional manager for Packard Group Inc from 2020 through 2023. Ms. Pikula has also worked as a health care director and executive director for Ridgeline Management Company from 2023 through 2024.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 2 staff per shift for 20 residents during all three shifts, first shift (7:00 am-3:00 pm), second shift (3:00 pm – 11:00 pm) and third shift (11:00 pm – 7:00 am). The applicant 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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.

The applicant 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 or licensee designee will administer medication to residents. In addition, the applicant 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.

The applicant 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, the applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant 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.

The applicant 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.

The applicant 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 temporary license to this adult foster care large group home (capacity 13-20)

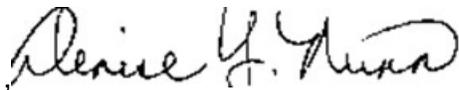


12/22/2025

Cindy Berry
Licensing Consultant

Date

Approved By:



12/23/2025

Denise Y. Nunn
Area Manager

Date