



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 28, 2026

Andy Venn
Magnify Services Inc
1726 Teel Ave
Lansing, MI 48910

RE: Application #: AS330419718
UPLIFT
4623 Hughes Rd
Lansing, MI 48910

Dear Mr. Venn:

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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, 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 #:	AS330419718
Applicant Name:	Magnify Services Inc
Applicant Address:	1726 Teel Ave Lansing, MI 48910
Applicant Telephone #:	(517) 489-2729
Licensee Designee:	Andy Venn
Administrator:	Andy Venn
Name of Facility:	UPLIFT
Facility Address:	4623 Hughes Rd Lansing, MI 48910
Facility Telephone #:	(517) 220-2103
Application Date:	07/09/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

07/09/2025	Enrollment
07/09/2025	Application Incomplete Letter Sent- requested updated 1326A
07/09/2025	PSOR on Address Completed
07/09/2025	Contact - Document Sent- forms sent
07/29/2025	Contact - Document Received
07/29/2025	File Transferred To Field Office
07/29/2025	Application Incomplete Letter Sent to applicant via email.
08/01/2025	Contact - Document Received via email from licensee designee, Andy Venn.
08/12/2025	Application Incomplete Letter Sent Update application incomplete letter emailed to licensee designee, Andy Venn, requesting further documentation and updates to submitted documentation.
08/12/2025	Contact - Document Received- Requested documents received via email from licensee designee, Andy Venn.
08/20/2025	Application Incomplete Letter Sent- Documentation reviewed and email correspondence sent with updated application incomplete letter to licensee designee, Andy Venn.
08/22/2025	Contact - Document Received- Electrical/Smoke detector inspection received via email from applicant.
08/26/2025	Comment- Licensee Designee, Andy Venn, does not currently have one year of direct care experience working with TBI or Alzheimer's Disease population types. Program Types updated to reflect this.
12/17/2025	Application Incomplete Letter Sent- Updated application incomplete letter emailed to applicant.
01/04/2026	Contact - Document Received from applicant.
01/11/2026	Contact - Document Sent- Email sent to applicant requesting updated personnel policy and request to schedule on-site.
01/21/2026	Application Complete/On-site Needed

01/21/2026	Inspection Completed On-site
01/21/2026	Inspection Completed-BCAL Sub. Compliance
01/21/2026	Contact - Document Sent- Confirming letter emailed to applicant.
01/26/2026	Inspection Completed On-site
01/26/2026	Inspection Completed BCAL-Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home located at 4623 Hughes Rd. Lansing, MI 48910, is a five-bedroom, two-bathroom single level home. The home is located in Ingham County in the City of Lansing, in the Pleasant Grove subdivision. The home is located in a quiet residential neighborhood. The home is near three local parks and at least two churches. There are shopping venues and restaurants within a reasonable distance from the home. There is an accessible public bus route for transportation purposes.

The home has a short driveway, which has limited parking space. There is street parking available for visitors. The home has two forms of egress that are at grade. There are no steps in or outside of the structure. All doorways are greater than 30 inches in width. After entering the facility from the front entrance, the combined dining room and living room area is located off the front entrance. To the left of the main entrance is the kitchen. Just off from the kitchen is a utility room which contains the furnace and water heater. The second exit leads off the backside of the home and exits from the living room. This exit terminates on a concrete slab. There is a path, which will be maintained in all seasons, for wheelchair access. This path extends along the backside of the home leading up the side of the home with the garage and ending at the driveway. To the right of the living room is a hallway which leads to two single occupancy bedrooms, the laundry room, and a full bathroom. This bathroom is equipped with a walk-in shower and is handicap accessible. The laundry room is equipped with an electric dryer. To the left of the living room is a hallway which leads to two single occupancy bedrooms, one double occupancy bedroom, and a full bathroom. The bathroom is equipped with a shower/tub combination for showering/bathing. The home has no basement. The water and sewer services are provided by Board of Water & Light. The home is owned by Magnify Services Inc., which is owned and operated by the licensee designee, Andy Venn.

The home is wheelchair accessible based upon the width of each doorway and hallway being greater than 30 inches, the presence of a walk-in shower for accessibility, and two forms of egress which are located at grade and have a pathway leading a safe distance from the structure.

All the bedroom, bathroom, and exit doors were assessed and were equipped with positive latching, non-locking against egress hardware at the time of the on-site inspection.

The natural gas furnace and hot water heater are located on the facility's main floor in a room 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. At least one 5-pound multi-purpose fire extinguisher or equivalent is located in the home. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The furnace was inspected on 10/31/25 as it was newly installed. The electrical system was updated and inspected on 8/12/25. The furnace and electrical systems were both determined to be in good condition and functioning properly.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was inspected by a licensed electrician on 8/12/25 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'11ft x 9'11ft	108sqft	1
2	8'2ft x 10'2ft + 7'8ft x 4'9ft	119.4sqft	1
3	11'8ft x 7ft	81.7sqft	1
4	9'4ft x 11'8ft	108.9sqft	1
5	11'9ft x 14'7ft	171.4sqft	2
Living room/dining room	22'3ft x 14'10ft	330sqft	N/A

The living, dining, and sitting room areas measure a total of 330 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, emergency preparedness plans, and standard procedures were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male and female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, and physically handicapped 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 Tri County Office on Aging, Community Mental Health, and private referrals as a referral source.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement, but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty. The applicant shall provide or arrange transportation for residents.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Magnify Services, Inc., which is a Non-Profit Corporation that was established in Michigan, on 4/23/24. The applicant 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 Magnify Services, Inc. have submitted documentation appointing Andy Venn as Licensee Designee & Administrator for this facility. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator Andy Venn. Mr. Venn submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

Mr. Venn has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Venn provided an updated resume highlighting over two years of experience working for a licensed AFC organization as a direct care provider in their adult foster care facilities providing for residents with mental illness, developmental disabilities, and the aged population. He has a current role as the licensee designee and administrator for three additional licensed adult foster care facilities in the State of Michigan.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant 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. The applicant has indicated that direct care staff will be allowed to sleep during resident sleeping hours based on the current resident assessment plans and documented needs.

The applicant 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. The applicant 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.

The applicant 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, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each 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 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, 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 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. The applicant acknowledges their 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. The applicant 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document 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 the resident personal money transactions that have been agreed to be managed by the applicant.

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

The applicant 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. The applicant 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.

The applicant 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.

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.

VI. RECOMMENDATION

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

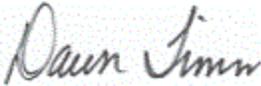


1/28/26

Jana Lipps
Licensing Consultant

Date

Approved By:



01/28/2026

Dawn N. Timm
Area Manager

Date