



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 26, 2026

Claudette Musonda
Gracefield Home LLC
28115 Dohran Dr
Warren, MI 48088

RE: Application #: AS500420093
Gracefield Home LLC
28115 Dohran Dr
Warren, MI 48088

Dear Ms. Musonda:

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500420093
Licensee Name:	Gracefield Home LLC
Licensee Address:	28115 Dohran Dr Warren, MI 48088
Licensee Telephone #:	(586) 563-8428
Administrator/Licensee Designee:	Claudette Musonda
Name of Facility:	Gracefield Home LLC
Facility Address:	28115 Dohran Dr Warren, MI 48088
Facility Telephone #:	(586) 563-8428 11/19/2025
Application Date:	
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

11/19/2025	On-Line Enrollment
11/21/2025	PSOR on Address Completed
11/21/2025	Contact - Document Sent Forms sent.
11/25/2025	Contact - Document Received 1326/RI030 and IRS letter.
11/25/2025	Comment FP sent to Ashley.
11/25/2025	Comment FP back from Ashley.
11/25/2025	File Transferred To Field Office
12/08/2025	Application Incomplete Letter Sent
02/20/2026	Inspection Completed On-site
02/23/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The small adult foster care home is located in a residential area in Warren, Michigan. The home is a single-story brick ranch structure with a full finished basement and a two-car attached garage. The first floor of the home consists of a living room, dining room, kitchen, foyer, 2 full bathrooms, one half bathroom and three bedrooms.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

There is an adequate emergency preparation plan and fire safety plan for the facility is sufficient. The evacuation plan is posted in two visible spots: in the dining room above the fire extinguisher and in the basement above the fire extinguisher near the furnace. The facility has adequate evacuation procedures including assisting residents with limited mobility and with cognitive/behavioral needs. The plans include obtaining resident medication and critical supplies in the vent of an evacuation. The facility also has provided a relocation plan for residents in the event that the home must be evacuated.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13 x 11.2	145.17	2
2	12.2 x 12.11	158	2
3	13.2 x 9	119	1

Total beds: 5

The living, dining, and foyer room areas measure a total of 720.13 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The facility is wheelchair accessible.

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 **five** (5) male or female ambulatory or non-ambulatory adults 55+ whose diagnosis is aged, physically handicapped, traumatic brain injured and Alzheimer, in the least restrictive environment possible. All individuals who reside in the home are assured protection from Moral, Social and Financial Exploitation. All work that is performed by an individual that resides in the home as well as his/her personal needs shall be in accordance with the written assessment plan. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Residents will be referred from the community.

The facility will ensure that transportation is scheduled for medical appointments. Scheduling medical appointments and transportation and/or accompanying the resident to appointments, as called for in the resident's individual service plan. The facility 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

The applicant is Gracefield Home L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 07/23/2025. 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 Gracefield Home L.L.C. has submitted documentation appointing Claudette Musonda as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for Claudette Musonda. Claudette Musonda submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Claudette Musonda has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Claudette Musonda is a Registered Nurse with 19 years of experience in delivering nursing care across many settings. Claudette Musonda has worked in medical-surgical, neurosurgery, nephrology, hematology, oncology and hospice/palliative care.

The staffing pattern for the original license of this 5 -bed facility is adequate and includes a minimum of 1 staff –to- 5 residents per shift. All staff shall be awake during sleeping hours.

Claudette Musonda acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff 1 –to-5 resident ratio.

Claudette Musonda 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Claudette Musonda 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, Claudette Musonda 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.

Claudette Musonda acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, Claudette Musonda acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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

Claudette Musonda 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. Claudette Musonda 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.

Claudette Musonda acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Claudette Musonda acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, Claudette Musonda acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident’s file.

Claudette Musonda 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

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-5).



03/12/2026

LaShonda Reed
Licensing Consultant

Date

Approved By:



03/26/2026

Ardra Hunter
Area Manager

Date