GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 21, 2026

Cynthia Nkeng
Tristar Residential Inc.
21311 Mada Ave
Southfield, MI 48075

RE: Application #: AS630419282
Lathrup Home
24811 Lathrup Blvd
Southfield, MI 48075

Dear Ms. Nkeng:

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,

Johnna Cade

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419282
Applicant Name:	Tristar Residential Inc.
Applicant Address:	21311 Mada Ave Southfield, MI 48075
Applicant Telephone #:	(248) 836-8987
Administrator/Licensee Designee:	Cynthia Nkeng
Name of Facility:	Lathrup Home
Facility Address:	24811 Lathrup Blvd Southfield, MI 48075
Facility Telephone #:	(248) 836-8987
Application Date:	03/05/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/05/2025	Enrollment
03/05/2025	PSOR on Address Completed
03/05/2025	Contact - Document Received RI030
03/05/2025	Application Incomplete Letter Sent 1326
03/05/2025	Contact - Document Sent forms sent
03/05/2025	SC-Application Received - Original
04/07/2025	Application Incomplete Letter Sent
09/04/2025	Contact - Document Sent
09/24/2025	Contact - Document Sent
10/06/2025	Contact - Telephone call made
10/27/2025	Contact - Document Received
10/27/2025	Application Incomplete Letter Sent
01/09/2026	Application Incomplete Letter Sent
01/26/2026	Contact - Document Sent
02/02/2026	Contact - Document Received
02/18/2026	Contact - Document Received
02/27/2026	Contact - Document Received
02/27/2026	Application Complete/On-site Needed
03/10/2026	Inspection Completed On-site
03/10/2026	Inspection Completed-BCAL Sub. Compliance
03/17/2026	Inspection Completed On-site
03/17/2026	Inspection Completed-BCAL Full Compliance

03/18/2026	PSOR on Address Completed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Lathrup Home in located in a suburban residential area at 24811 Lathrup Blvd Southfield, MI 48075. The home is a ranch style home with an attached garage. The home has three bedrooms, a full bathroom in the hallway, a half bath off the laundry room, a living room, dining room, kitchen, laundry room, and an outside patio. The home has two approved means of egress equipped with non-locking against egress hardware.

The home utilizes public water and sewer. The furnace and hot water heater are in a utility closet. The closet has a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with interconnected smoke detectors, which are fully operational. The bedrooms and bathroom doors are equipped with positive latching, non-locking against egress hardware. All the bedrooms have adequate space, bedding, and storage. All the bedrooms have a chair and mirror.

During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation. The home is not wheelchair accessible and therefore they will not accept residents who are unable to ambulate. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13’9” x 10’9”	147.8	1
2	10’10” x 10’9”	116.4	2
3	11’.5” x 13’.75”	158.1	2

Total Capacity: 5

The living and dining room area measures a total of 276 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 five residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The home has two additional bedrooms, one near the full bathroom in the hallway (near bedroom 1 & 2) and another bedroom off the back of the house (nearby bedroom 3), at the time of licensure these bedrooms were not approved for resident bedrooms. The applicant indicated that the intended use for these rooms was for storage and/or a staff office.

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 adults whose are developmentally disabled, mentally ill, or aged in the least restrictive environment possible. The goal of TriStar Residential is to offer an alternative residential service for those who can no longer live in their homes. Residents will increase their level of functioning thereby creating the opportunity, if appropriate, to move to semi-independent or independent living. Residents will be assisted to increase their social skills and relate to others in a non-hostile, non-aggressive and appropriate manner.

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 Community Health Network 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 will provide all transportation for program and medical needs. 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 Tristar Residential Inc, which is a Domestic Profit Corporation established in Michigan, on 10/10/2023. Tristar Residential Inc 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 Tristar Residential Inc. have submitted documentation appointing Cynthia Nkeng as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Nkeng. Ms. Nkeng submitted a medical clearance request with statement from a

physician documenting good health and a baseline screening for communicable diseases and records of illness on hiring.

Ms. Nkeng provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Nkeng has worked as a Direct Care Staff since 2016. She is also the licensee designee and administrator of Mada Home (AS630418558) and Frazer Home (AS630418559). The population served is mentally ill, developmentally disabled and aged.

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. Ms. Nkeng acknowledged 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. Nkeng has indicated that direct care staff will be awake during sleeping hours.

Ms. Nkeng 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. Nkeng 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. Nkeng 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. Nkeng acknowledged 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. Nkeng 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. Nkeng acknowledged her 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. Nkeng acknowledged her 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. Nkeng acknowledged 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. Nkeng acknowledged her 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.

Ms. Nkeng acknowledged her responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Ms. Nkeng acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Nkeng acknowledged that a separate resident funds transaction form will be completed 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 residents' personal money transactions that have been agreed to be managed by Tristar Residential Inc.

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

Ms. Nkeng acknowledged 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. Nkeng has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Nkeng acknowledged her 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

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home, Lathrup Home, with a capacity of fix (5) residents.

04/21/2026

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Johnna Cade Date
Licensing Consultant

Approved By:

04/21/2026

_____

Ardra Hunter Date
Area Manager