GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 22, 2026

Laura Hatfield-Smith
REM Michigan LLC
Suite 1
6185 Tittabawassee
Saginaw, MI 48603

RE: Application #:	AM440419639 REM Michigan Reamer Meadows 3082 Reamer Lapeer, MI 48446

Dear Laura Hatfield-Smith:

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 10 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) 643-7960.

Sincerely,

Susan Hutchinson

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM440419639
Applicant Name:	REM Michigan LLC
Applicant Address:	South Suite 350 6600 France Ave Edina, MN 55435
Applicant Telephone #:	(989) 791-7174
Administrator/Licensee Designee:	Laura Hatfield-Smith
Name of Facility:	REM Michigan Reamer Meadows
Facility Address:	3082 Reamer Lapeer, MI 48446
Facility Telephone #:	(810) 664-1371
Application Date:	06/02/2025
Capacity:	10
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/17/2024	Inspection Completed-Fire Safety : A Got from AM440284750.
06/02/2025	Enrollment
06/02/2025	PSOR on Address Completed
06/02/2025	Inspection Report Requested - Health Invoice#: 1035093
06/02/2025	File Transferred To Field Office
06/06/2025	Application Incomplete Letter Sent
06/10/2025	Inspection Completed-Env. Health : B
08/27/2025	Inspection Completed-Fire Safety : A
02/20/2026	SC-Application Received - Original
03/01/2026	Application Complete/On-site Needed
05/07/2026	Inspection Completed On-site
05/07/20205	Inspection Completed-Env. Health: A
05/07/2026	SC-Inspection Completed On-Site
05/07/2026	SC-Inspection Full Compliance
05/21/2026	PSOR on Address Completed No hits
05/21/2026	Inspection Completed-BCAL Full Compliance
05/22/2026	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility located at 3082 Reamer Road is in the City of Lapeer in Lapeer, Michigan. The facility is close to the city of Lapeer and is also near major expressways, restaurants, hospitals, and other modern conveniences. There is ample parking for

residents, staff, and visitors. This facility is currently licensed as ResCare Premier Reamer Meadows which is a medium group home under License #AM440284750. ResCare Premier sold its AFC businesses to REM Michigan, who is the applicant.

Due to the facility's location, it utilizes both private sewer and a private well which were both inspected by The Lapeer County Health Department on 06/10/2025 and were given a "B" rating. The deficiencies noted in the report stated that the licensee needed to ensure that the boiler has proper backflow prevention, an air gap is needed on the water softener discharge, and the licensee needs to confirm that the RO discharge has a proper air gap. The licensee designee, Laura Smith, stated that all these deficiencies were corrected immediately after receiving the EHI report. The EHI report determined that the remainder of the facility is in compliance with all applicable environmental health and safety rules.

The home and property located at 3082 Reamer Road, Lapeer, MI is owned by Adult Quality Care I, LLC. On 05/01/24, ResCare Premier, Inc. began leasing the home and property from Adult Quality Care I, LLC. Damon Huffman, owner of Adult Quality Care I, LLC transferred the lease to REM Michigan in 2026. Adult Quality Care I LLC gave permission for this home to operate as an adult foster care facility. Phillip Kaufman, Chief Executive Officer of REM Michigan, gave permission to Licensing and Regulatory Affairs to occupy and inspect the property.

This facility is a one-story ranch located on 1.7 acres and is in a country-setting, rural neighborhood. This facility has a full kitchen and a dining room with seating for all residents. There is a large living room as well as an activity room, laundry room, and locked medication room. There are seven bedrooms, two full bathrooms, and one ½ bathroom. Four of the bedrooms are private rooms and three bedrooms are double-occupancy rooms. One of the full bathrooms is located off the dining room and has a roll in shower. The second full bathroom is off the hallway and has a step-in shower. The ½ bathroom is off the activity room and consists of a toilet and sink. All bathrooms are equipped with exhaust fans and/or windows. The facility has a laundry room on the main floor near the locked medication room. The facility's clothes dryer is vented to the outside using permanent metal duct work.

This residence has three independent means of egress, with unobstructed access to the outside of the home. All three exits can be used in case of an emergency. This facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The boiler and hot water heater are located in the facility's basement. A 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. On 02/24/2026, the furnace and hot water heater were inspected by Michael McClelland, licensed inspector with Michael McClelland Maintenance & Repair out of Lapeer, Michigan and were deemed to be in safe working condition. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed

electrician and is fully operational. Smoke detectors are in all sleeping areas, on each occupied floor, basement, and in common areas. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

On 08/27/2025, Thomas Ford from the Fire Marshal Division of the Department of Licensing and Regulatory Affairs inspected the facility for fire safety compliance and gave the facility an “A” rating.

Resident bedrooms were measured and have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
1	10’ x 13’4”	133	1
2	13’5” x 12’1”	162	2
3	11’2” x 16’5”	183	2
4	9’ x 13’8”	123	1
5	10’ x 10’3”	103	1
6	14’ x 12’10”	180	2
7	10 x 8’7”	86	1

The living, dining, and activity room areas measure a total of 769 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 **ten (10)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity. This home is not wheelchair accessible.

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 **ten** (**10**) male or female ambulatory adults whose diagnosis is physically handicapped, traumatically brain injured, developmentally delayed and/or mentally ill in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and will provide companionship and emotional support to combat isolation and depression. The applicant’s program will also provide individualized support adapted to each resident’s cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

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 intends to accept residents from county community mental health agencies as referral sources. The applicant shall provide or arrange 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 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 REM Michigan, LLC which is a Foreign Limited Liability Company, established in Michigan on 12/16/2024. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 members of REM Michigan, LLC have submitted documentation appointing Laura Smith as Licensee Designee and Administrator for this facility. A licensing record clearance request was completed with no LEIN convictions recorded for Laura Smith. The licensee designee submitted a medical clearance with a statement from a physician documenting her good health and a baseline screening for communicable diseases dated 12/10/2025.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2-staff-to-10 residents during the day and 1-staff-to-10 residents during the night. 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 awake during sleeping hours.

The applicant 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.

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 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 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 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 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, 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 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 to document the date and amount of the adult foster care service fee paid each month and all the residents' 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.

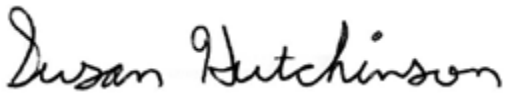
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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.

IV. RECOMMENDATION

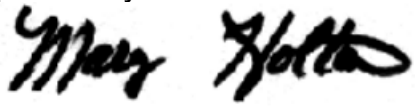
I recommend issuance of a temporary license to this AFC adult medium group home with a capacity of 10.



May 22, 2026

Susan Hutchinson Licensing Consultant	Date

Approved By:



May 22,2026

Mary E. Holton Area Manager	Date