GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 14, 2026

Edna Brimite
2482 Lawrence Dr
Benton Harbor, MI 49022

RE: Application #: AS110420344
Brimites Arms AFC
2472 Lawrence Dr
Benton Harbor, MI 49022

Dear Ms. Brimite:

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 four (4) 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 (616) 356-0100.

Sincerely,

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
gillr@michigan.gov
(517) 980-1433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS110420344
Applicant Name:	Edna Brimite
Applicant Address:	2482 Lawrence Dr Benton Harbor, MI 49022
Applicant Telephone #:	(269) 325-5814
Administrator:	Edna Brimite
Name of Facility:	Brimites Arms AFC
Facility Address:	2472 Lawrence Dr Benton Harbor, MI 49022
Facility Telephone #:	(269) 325-5814
Application Date:	02/24/2026
Capacity:	4
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/24/2026	Enrollment
02/24/2026	PSOR on Address Completed
02/24/2026	Application Incomplete Letter Sent 1326/RI030.
02/25/2026	Contact - Document Sent App Inc letter mailed out to the facility address.
03/09/2026	Contact - Document Received 1326/RI030.
03/09/2026	Comment FP sent to Ashley.
03/10/2026	File Transferred To Field Office
03/10/2026	Application Incomplete Letter Sent
03/11/2026	Comment Licensee Edna Brimite emailed requesting phone consultation to provide consultation and technical assistance regarding her enrollment.
03/11/2026	Comment I emailed Mrs. Brimite informing her I am available currently and after 5:00 p.m. to provide consultation and technical assistance regarding her enrollment.
03/16/2026	Contact - Telephone call received I received a call from Mrs. Brimite requesting consultation and technical assistance regarding her enrollment. I provided the consultation and technical assistance requested.
03/16/2026	Comment I emailed Mrs. Brimite requested documentation.
03/25/2026	Contact - Document Received

Mrs. Brimite provided several of the required documents and requested consultation and technical assistance regarding her proposed budget.

03/25/2026 Comment

I emailed Mrs. Brimites providing the requested consultation and technical assistance.

03/25/2026 Contact - Document Received

Mrs. Brimite provided revised documentation.

04/06/2026 Comment

Mrs. Brimite emailed me the final required supporting documentation and said she is available for the interim onsite Original inspection scheduled for 4/7/27 at 11:00 a.m.

04/07/2026 Contact - Face to Face

I met with Edna Brimite and her husband at the Adult Foster Care (AFC) facility and provided consultation and technical assistance regarding the physical plant. I pointed out renovations, changes, and repairs that would need to be completed before the AFC facility can be licensed.

04/08/2026 Contact - Document Sent
I emailed Mrs. Brimite the specific licensing rules supporting the renovations I informed her she would need to make to come into full compliance with all licensing rules and regulations during an initial onsite enrollment inspection on 4/7/26. I discussed licensing rules regarding her smoke and carbon monoxide interconnected detection system. I further discussed licensing requirements that could inhibit her ability to accommodate wheelchair bound residents.

05/03/2026 Comment
Mrs. Brimite emailed indicating that she has completed all of the requested renovations to her Adult Foster Care (AFC) small group facility.

05/04/2026 Contact - Document Sent
I emailed Mrs. Brimite to inform her that I scheduled her onsite Original inspection for 5/14/26 at 12:30 p.m.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Brimites Arms AFC is a ranch style home built in 1965 located in the city of Benton Harbor, Michigan near US-31 N. The exterior of the home has yellow vinyl siding with white and brown accented trim and doors. The home has a new ramp leading to the front door but is not wheelchair accessible because of not having a second means of egress for residents with impaired physical mobility.

The home has three bedrooms and one bathroom for resident use. The inside of the home has a comfortable, clean, and homey feel with laminate flooring throughout the main living areas, one of the three bedrooms, and carpeting in the two additional bedrooms.

The home is located in a friendly neighborhood and has a large backyard with a patio allowing residents to enjoy the outdoors when weather allows.

The home is close to shopping, restaurants, physician's offices, medical facilities, etc.

The home is not wheelchair accessible as the applicant does not plan to admit residents with impaired physical mobility.

The applicant owns both the home and the property which has been verified by a Letter of Authority for Personal Representative dated 2/18/26.

The home utilizes public water, and sewage so does not require annual Environmental Health Inspections.

The home is equipped with a wireless interconnected combination smoke and carbon monoxide detector system with battery backup that meets fire safety rule requirements and was last inspected on 3/18/26. The facility has at least one fire extinguisher on each floor and direct care staff members (DCSMs) are aware of their location and trained in how to properly use them.

I reviewed the facility fire, tornado, and medical emergency plans to ensure all fire safety and licensing rules were followed. I ensured residents could easily open windows in their bedrooms if necessary. Because the maximum capacity is less than seven residents, no annual Bureau of Fire Services (BFS) Inspection is required. I inspected and determined the facility compliant with fire safety administrative rules. The facility has two approved means of egress.

Good Bones Home Inspections conducted a complete inspection of the home's Mechanical systems on 3/18/26. The inspector found no material defects during the

inspection.

The gas furnace and water heater are located on the main floor of the home. They are enclosed in a room that is constructed of material that has a 1-hour-fire-resistance rating and has a door made of 1-3/4-inch solid core wood. The door is hung in a fully stopped wood frame and equipped with an automatic self-closing device and positive-latching hardware.

The clothes dryer is properly vented to the outside using permanent metal duct work.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8 x 12	96	1
2	13 x 10	130	2
3	9 x 12	108	1

Given the sizes of the bedrooms and one to two residents per room, the facility's bedroom space exceeds the required 80 square feet allowed of usable floor space for a single occupancy and 65 square feet of usable floor space per bed for a multioccupancy resident bedroom.

The living room and dining room measure a total of 366 square feet of living space. This exceeds the 35 square feet of required indoor living space per occupant, exclusive of the bathroom, storage areas, hallways, kitchen, and sleeping areas. Based on the information above, it is concluded that this facility can accommodate four (4) 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, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to four (4) female adults who are aged and may or may not suffer from developmental disabilities and/or mental illness.

The program statement indicates that this small group home is designed to provide a safe, structured, and home-like environment that promotes dignity, independence, and quality of life.

The following social and recreational programming with be provided:

- Daily structured activities to support cognitive function and social engagement
- Memory care exercises and therapeutic activities
- Access to community-based activities and events

Behavioral and crisis intervention plans will be developed when identified through the resident's assessment and Individualized Service Plan (ISP).

Residents admitted must be appropriate for a small group home environment and must not require continuous nursing care beyond what is allowed under AFC rules.

In accordance with the AFC Act and Administrative Rules, the facility provides the following services:

- 24-hour supervision
- Personal care, including assistance with: Bathing, Dressing, Grooming, Toileting, Mobility, and Transfers.
- Medication management (administration or assistance, per assessment and physician orders)
- Meal preparation and nutritional support
- Housekeeping and laundry services
- Health monitoring and coordination of care
- Transportation coordination for medical appointments and community activities
- Behavioral support and redirection, when necessary
- Social, recreational, and spiritual activities
- Emergency response and protection services

The facility emphasizes the health and wellbeing of each resident. It is the intent of this facility to utilize local community resources including but not limited to primary care physicians, home health agencies, mental health professionals, physical therapists, occupational therapists, speech therapists, pharmacies, transportation providers, adult day programs, hospice services, public schools and libraries, local museums, shopping centers, and local parks.

The facility can arrange for a variety of in-home services at separate cost to the resident including visiting physicians, nursing, hospice, physical therapy, occupational therapy, speech therapy, podiatry, barber or beautician, transportation, etc.

C. Applicant and Administrator Qualifications

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant has cash in savings and income from savings and outside employment. The applicant acknowledges the department may

request an operational budget, invoices, purchase orders, receipts and other nonproprietary financial documents maintained in the normal course of business to demonstrate the provision of care and services for an Adult Foster Care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for applicant / administrator Edna Brimite.

Applicant / administrator Edna Brimite submitted a medical clearance with a statement from a physician documenting Mrs. Brimite's good health, dated 3/9/26, and verification Mrs. Brimite has a baseline screening for communicable diseases and records of illness on hiring.

The applicant / administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant has years of experience working with the program types requested. The applicant has most recently been working as a certified nursing assistant (CNA) since 2023 with direct care experience serving aged individuals with mental illness and developmentally disabilities.

The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this four (4) bed facility is adequate and includes a minimum of one staff–to-four 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 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 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 of the resident's 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

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

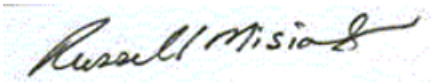
IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-4).

5/14/26

Rodney Gill — Date
Licensing Consultant

Approved By:



5/19/26

Russell B. Misiak — Date
Area Manager