GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2026

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

RE: Application #:	AS250419627 REM Michigan Clinton 16020 Jennings Road Fenton, MI 48430

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 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) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250419627
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 Clinton
Facility Address:	16020 Jennings Road Fenton, MI 48430
Facility Telephone #:	(810) 750-1370
Application Date:	05/30/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/30/2025	Enrollment
05/30/2025	PSOR on Address Completed
05/30/2025	Inspection Report Requested - Health Invoice#: 1035088
05/30/2025	File Transferred To Field Office
06/13/2025	Application Incomplete Letter Sent
06/24/2025	Inspection Completed- Env. Health: A
05/12/2026	Application Complete/On-site Needed
05/12/2026	Inspection Completed On-site
05/12/2026	Inspection Completed- BCAL Full Compliance
05/20/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in the city of Fenton, in a neighborhood with similar type dwellings. The facility is located to the west of US-23, and east of Silver Lake, near grocery stores, restaurants, and many other local businesses. The facility was previously licensed under ResCare Premier Clinton- AS250294097 since 02/28/2008. The facility was purchased by National Mentor Holdings LLC and/or its affiliate REM Michigan, LLC. The physical plant is a ranch style, vinyl-sided structure, with brick overlay. The facility consists of a living room, dining room, Florida room, kitchen, laundry room, four resident bedrooms. Two bedrooms are double occupancy, and two bedrooms are single occupancy. The double occupancy bedroom located off the kitchen area has a full bathroom. Two bedrooms in the hallway of the home share a shower and toilet. Each bedroom has its own sink. The shared full bathroom has two entrances, one from each bedroom, through separate doors. The last bedroom in the hallway has its own full bathroom. There is a half-bathroom off the living room, a staff office, and attached garage. The backyard is fenced in, and contains a storage shed. There is a circular driveway with adequate parking space for staff and visitors. There is no basement.

The furnace and hot water heater are located in the garage area, in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A furnace and hot water

heater inspection was completed on 02/16/2026 by Nikolai's New Designs. The home has a private well and received an A-rating on an environmental health inspection on 06/24/2025 conducted by the Genesee County Health Department. A smoke detector and fire extinguisher inspection was conducted on 01/21/2026 by Thumb Alarm System, Inc.

The facility is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15 ft 1 in x 13 ft 3 in	199.9 sq. ft.	2
2	9 ft 7 in X 12 ft 5 in	119.0 sq. ft.	1
3	13 ft 11 in X 11 ft 3 in	156.56 sq. ft.	2
4	14 ft 10 in X 11 ft 3 in	166.88 sq. ft.	1

The living, dining, and sitting room areas measure a total of _473.2___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 **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, 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 **six** (6) male or female ambulatory adults, aged 18 and older, whose diagnosis is physically handicapped, traumatically brain injured, developmentally disabled, and/or mentally ill, 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. Residents will be referred from Community Mental Health agencies.

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. The facility will make provision 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 REM Michigan LLC., which is a "Domestic Limited Liability Company", was established in Michigan, on 12/16/2024. 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 REM, L.L.C. has submitted documentation appointing Laura Hatfield-Smith as Licensee Designee and John Doe Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the applicant licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and a current Communicable Disease/Tuberculosis Screening Questionnaire.

The licensee designee/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 1 staff –to- 6 residents per shift. It is the intent of the applicant that staff shall be awake during sleeping hours.

The applicant 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 –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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant 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.

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

The applicant 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, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

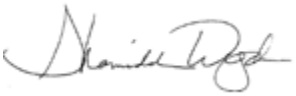
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been determined. Compliance with quality-of-care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

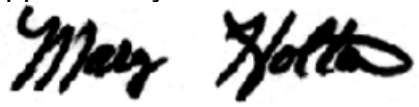
I recommend issuance of a temporary license and special certification to this adult foster care small group home (capacity 3-6).



05/20/2026

Shamidah Wyden — Date
Licensing Consultant

Approved By:



05/20/2026

Mary E. Holton — Date
Area Manager