GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 19, 2026

Dinah Fulton
Parham Comfort Living LLC
18013 Ohio St
Detroit, MI 48221

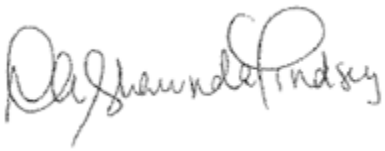
RE: Application #: AS820419934
Parham Comfort Living
18013 Ohio St
Detroit, MI 48221

Dear Ms. Fulton:

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 (313) 456-0380.

Sincerely,



DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820419934
Licensee Name:	Parham Comfort Living LLC
Licensee Address:	18013 Ohio St Detroit, MI 48221
Licensee Telephone #:	(734) 772-7306
Administrator/Licensee Designee:	Dinah Fulton
Name of Facility:	Parham Comfort Living
Facility Address:	18013 Ohio St Detroit, MI 48221
Facility Telephone #:	(734) 772-7306
Application Date:	09/19/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/19/2025	On-Line Enrollment
09/19/2025	On-Line Application Incomplete Letter Sent 1326/RI030 req'd
10/07/2025	PSOR on Address Completed
11/19/2025	Application Incomplete Letter Sent
12/02/2025	Contact - Document Received 1326/RI030 rec'd
12/16/2025	Application Incomplete Letter Sent
02/10/2026	Contact - Document Received
03/16/2026	Inspection Completed On-site
03/16/2026	Inspection Completed-BCAL Sub. Compliance
03/16/2026	Application Incomplete Letter Sent
03/24/2026	Contact - Document Received
04/08/2026	Contact - Document Sent
04/13/2026	Inspection Completed On-site
04/13/2026	Inspection Completed-BCAL Sub. Compliance
04/21/2026	Application Incomplete Letter Sent
04/24/2026	Inspection Completed On-site
04/24/2026	Inspection Completed-BCAL Sub. Compliance
04/28/2026	Inspection Completed On-site
04/28/2026	Inspection Completed-BCAL Full Compliance
05/14/2026	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is in a residential area in Detroit, Michigan. Nearby major roads are Six Mile Rd. and Wyoming St. Sinai-Grace Hospital is about two miles from the facility. There are multiple fast-food chains such as McDonald's, Popeyes Louisiana Chicken and KFC within miles of the facility. For recreational activities, Fairwell Park is located less than two miles from the facility, and Rouge Park is located about 10 miles from the facility. There is a driveway available for parking. There is also available parking in front of the facility. The facility uses both public water and sewage system.

The owner of the facility is Sheryl Carson. I verified ownership via the City of Detroit Municipality Website. The applicant submitted a copy of the lease as well as permission to occupy the facility and permission to the State of Michigan to inspect the facility for adult foster care purposes.

The facility is a two-story home. The front door is the primary means of egress. The back door is the secondary means of egress. The facility does not have wheelchair ramps at two approved means of egress from the first floor; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The main floor consists of a living room with an adjoined dining area, kitchen, lavatory and an office space/charting area. There are at least two means of egress from the main floor.

The second floor consists of three resident bedrooms, a full bathroom, and a stairway.

The basement consists of the heating plant, washer and dryer, storage space, and a stairway. The basement will not be available for resident use.

The boiler and hot water heater, in addition to the washer and dryer are 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. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The steam boiler and water heater were inspected on 01/15/2026 by Bajramaj Home Services LLC. It was determined to be in good condition and functioning properly.

At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 01/15/2026 and

determined to be fully operational and in good condition. Smoke detectors are in all sleeping areas, on each occupied floor, basement, living rooms, and similar spaces along with all areas that contain flame or heat producing equipment.
dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8’4”X16’2”	134.70	2
2	13’5”X13’10” + 6’3”X9’	241.85	2
3	8’9”X9’1” + 7’2”X3’3”	102.05	1

The living, dining, and sitting room areas measure a total of 436.30 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 (5) 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 five (5) male and female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, traumatic brain injury, and/or Alzheimer’s in the least restrictive environment possible.

The program will promote independence, dignity, and quality of life for all residents. The program will provide a safe, therapeutic and supportive environment. The program will foster socialization and community involvement. Services provided include personal care assistance, medication monitoring under supervision, assistance with mobility, transfers and feeding, behavioral support and cognitive stimulation as well as recreational and social activities tailored to individual needs.

The program will provide a supportive, safe and structured environment for residents with Alzheimer's disease or related dementia. The program emphasizes dignity, independence, and person-centered care while meeting cognitive, behavioral and emotional needs. Activities for the residents include daily structured activities such as cognitive stimulation, music therapy, exercise and socialization, weekly outings or community engagement when appropriate and individualized activity plans based on the resident’s abilities and interest.

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 local community mental health agencies, local Department of Health and Human Services, programs or agencies working with the aged populations such as Senior Care Partners, private pay individuals, and/or Adult Protective Services as referral sources.

The applicant will ensure the availability of 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 Parham Comfort Living LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 09/15/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Parham Comfort Living LLC have submitted documentation appointing Dinah Fulton as Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Fulton. Ms. Fulton submitted a medical clearance with a statement from a physician documenting Ms. Fulton's good health, dated 03/17/2026. Ms. Fulton has a baseline screening for communicable diseases and records of illness on hiring.

Ms. Fulton has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Fulton has several years of direct care experience serving individuals with mental illness, developmentally disabilities, traumatic brain injury, and/or Alzheimer's. Ms. Fulton has also direct care experience serving the aged population. Ms. Fulton has helped with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. Ms. Fulton 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 5-bed facility is adequate and includes a minimum of 1 staff –to- 5 residents per shift. Ms. Fulton 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. Fulton has indicated that direct care staff will be awake during sleeping hours.

Ms. Fulton 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. Fulton 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. Fulton 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. Fulton 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. Fulton 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. Fulton 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. Fulton 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. Fulton 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. Fulton acknowledged her 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.

Ms. Fulton acknowledged her 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.

Ms. Fulton acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Fulton acknowledged recording each resident's funds and itemized transactions including payment for services. Ms. Fulton acknowledged 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.

Ms. Fulton 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. Fulton indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Fulton 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. Fulton 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. Fulton 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.

Ms. Fulton acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this adult foster care small group home (capacity 5).

05/19/2026

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DaShawnda Lindsey — Date
Licensing Consultant

Approved By:

05/19/2026

_____

Ardra Hunter — Date
Area Manager