GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 18, 2026

Violet Mustari
Naomi Home Inc.
7022 Sargent St
Romulus, MI 48174

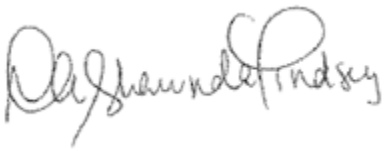
RE: Application #: AS820420170
**Naomi Home**
**7022 Sargent St**
**Romulus, MI 48174**

Dear Ms. Mustari:

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 (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 #:** | AS820420170 |
| **Licensee Name:** | Naomi Home Inc. |
| **Licensee Address:** | 7022 Sargent St<br>Romulus, MI 48174 |
| **Licensee Telephone #:** | (949) 449-4140 |
| **Administrator/Licensee Designee:** | Violet Mustari |
| **Name of Facility:** | Naomi Home |
| **Facility Address:** | 7022 Sargent St<br>Romulus, MI 48174 |
| **Facility Telephone #:** | (734) 331-9491 |
| **Application Date:** | 12/24/2025 |
| **Capacity:** | 6 |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>TRAUMATICALLY BRAIN INJURED |

## II. METHODOLOGY

| | |
|---|---|
| 12/24/2025 | On-Line Enrollment |
| 01/02/2026 | PSOR on Address Completed |
| 01/02/2026 | Contact - Document Sent |
| 01/12/2026 | Contact - Document Received<br>RI030 |
| 01/12/2026 | Contact - Document Sent |
| 01/14/2026 | Contact - Document Received<br>1326 |
| 01/20/2026 | File Transferred To Field Office |
| 02/02/2026 | Application Incomplete Letter Sent |
| 03/10/2026 | Contact - Document Received |
| 03/12/2026 | Contact - Document Received |
| 03/16/2026 | Contact - Telephone call made |
| 03/16/2026 | Inspection Completed On-site |
| 03/16/2026 | Inspection Completed-BCAL Sub. Compliance |
| 03/16/2026 | Application Incomplete Letter Sent |
| 03/19/2026 | Contact - Document Received |
| 03/23/2026 | Contact - Document Received |
| 04/08/2026 | Contact - Document Sent |
| 05/08/2026 | Contact - Document Received |
| 05/11/2026 | Contact - Document Received |
| 05/13/2026 | Application Complete/On-site Needed |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is in a residential area in Romulus, Michigan. Nearby major roads are Ecorse Rd. and Vining Rd. An Amazon Fulfillment Center is within walking distance of the facility. Corewell Health Wayne Hospital is three miles from the facility. There are multiple dining options, including Romulus House restaurant, and fast-food chain such as Wendy's, McDonald's, and Tim Hortons within miles of the facility. For recreational activities, there is Romulus Parks and Recreation and Elmer Johnson Park located near the facility. The facility has a driveway. 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 Kaluva Sreedhar A. I verified ownership via the City of Romulus 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 foyer, living room, dining area with adjoined office space, kitchen, two full bathrooms, four resident bedrooms, two hallways, and a heat plant room. There are three means of egress from the main floor.

The second floor consists of three non-resident bedrooms, a hallway, a full bathroom, and a stairway. The second floor will not be available for resident use.

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

The gas furnace 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.

There is also a gas furnace located on the facility's main floor in a room constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware.

The furnace and water heater were inspected on 04/03/2026 by Mechanical Heating and Cooling. 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 05/08/2026 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.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|---|---|---|---|
| 1 | 14’1”X10’10” | 152.49 | 1 |
| 2 | 13’X11” | 143 | 2 |
| 3 | 10’11”X10’10” | 118.26 | 1 |
| 4 | 10’11”X13’1” | 142.83 | 2 |

The living, dining, and sitting room areas measure a total of 289.13 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 **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, 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 **six** (**6**) male and female ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, mentally impaired, aged, and/or traumatic brain injury in the least restrictive environment possible.

The goal of the program is to increase the person’s daily living skills to his/her fullest potential and to provide opportunities that promote growth and development through activities that foster independence. The residents will be given choices for growth and development through at-home activities and in-the-community activities that promote and foster independence. Activities may include opportunities for involvement in education, employment, day programs, camps, parks, dinners, church activities, movies, crafts as well as friend and family member interaction. Residents will receive

daily care, supervision and/or assistance with activities of daily living (bathing, dressing, toileting, eating, etc.), meals and snacks, medication administration and management, laundry and housekeeping services as well as transportation.

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 as referral sources.

The applicant shall provide or arrange transportation for residents.

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 Naomi Home Inc., which is a "For Profit Corporation" was established in Michigan, on 12/17/2024. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted an established annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Naomi Home Inc. have submitted documentation appointing Violet Mustari as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Mustari. Ms. Mustari submitted a medical clearance with a statement from a physician documenting Ms. Mustari's good health, dated 03/06/2026. Ms. Mustari also submitted verification that she has a baseline screening for communicable diseases and records of illness on hiring.

Ms. Mustari has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Mustari has several years of experience as a direct care worker and manager, with direct care experience serving individuals with mental illness, developmentally disabilities, and/or traumatic brain injury. She also worked with the aged population. Ms. Mustari has helped with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. Ms. Mustari 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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. Ms. Mustari 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. Mustari has indicated that direct care staff will be awake during sleeping hours.

Ms. Mustari 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. Mustari 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. Mustari 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. Mustari 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. Mustari 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. Mustari 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. Mustari 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. Mustari 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. Mustari 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. Mustari 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. Mustari acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Mustari acknowledged recording each resident's funds and itemized transactions including payment for services. Ms. Mustari 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. Mustari 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. Mustari indicated that it is her intent to achieve and maintain compliance with these requirements.

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

## VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 6).

05/14/2026

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DaShawnda Lindsey Date
Licensing Consultant

Approved By:

05/18/2026

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Ardra Hunter Date
Area Manager