GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 22, 2026

Leslie Pembrook
Care Team Partners, Inc
1896 Preston White Drive
Reston, VA 20191

RE: Application #:	AL250420132 Swank Home Assisted Living 9412 Miller Road Swartz Creek, MI 48473

Dear Leslie Pembrook:

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 20 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,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250420132
Applicant Name:	Care Team Partners, Inc
Applicant Address:	1896 Preston White Drive Reston, VA 20191
Applicant Telephone #:	810-635-3183
Administrator:	Tabatha Zamudio
Licensee Designee:	Leslie Pembrook
Name of Facility:	Swank Home Assisted Living
Facility Address:	9412 Miller Road Swartz Creek, MI 48473
Facility Telephone #:	(810) 635-3183
Application Date:	12/04/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

08/19/2025	Inspection Completed-Fire Safety : A From AL250072158
12/04/2025	Enrollment
12/04/2025	PSOR on Address Completed
12/04/2025	Application Incomplete Letter Sent 1326/RI030 and first page of application box #18.
12/08/2025	Contact - Document Sent Forms sent.
01/09/2026	Contact - Document Received Page 1 of App, 1326/RI030.
03/04/2026	File Transferred To Field Office
03/23/2026	Application Incomplete Letter Sent Sent to LD.
03/23/2026	Contact - Telephone call made Phone call to LD Pembrook requesting email address.
03/23/2026	Contact - Document Sent received information for 1st application incomplete letter.
03/24/2026	Contact - Document Sent Emailed in regard to 1st application incomplete letter.
04/01/2026	Contact - Document Received Additional information was received in regard to application incomplete letter.
05/04/2026	Application Incomplete Letter Sent 2nd application incomplete letter sent.
05/11/2026	Contact - Document Received Ashely Patrick informed me that they were working on application incomplete information.
05/18/2026	Contact - Document Received Ashley Patrick sent documents for review.

05/18/2026	Application Incomplete Letter Sent 3rd application incomplete letter sent.
06/22/2026	Contact - Document Received Swank Management emailed about document review.
07/10/2026	Contact - Document Received Ashley Patrick sent documents for review.
07/16/2026	Inspection Completed On-site
07/16/2026	Inspection Completed – BCAL Sub. Compliance
07/16/2026	Inspection Completed – Environmental Health: A Completed by consultant Martin Gonzales.
07/21/2026	Contact – Document Received Variance request to R 400.655(4)
07/21/2026	Contact – Document received Variance approval to R 400.655(4)
07/21/2026	Inspection Completed – BCAL Full Compliance
07/21/2026	Request for Variance Requested by Licensee Designee Leslie Pembrook.
07/21/2026	Request for Variance Approved Variance approved by Director and Area Manager.
07/21/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one story building, located in the Township of Clayton, in Swartz Creek, Michigan. This facility is located in close proximity to numerous community businesses and resources. This facility is owned by Care Team Partners Inc., the applicant Care Team Partners Inc., is a Domestic Profit Corporation organized on 07/07/2019.

There furnaces and hot water heater are located in the basement with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnaces and hot water heaters were inspected and approved with a

BFS approval A rating on 08/19/2025. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. A residential sprinkler system has been installed giving full coverage to the facility. The laundry room is located on the main floor of the home. This facility is wheelchair accessible for both identified exits.

The facility utilizes public water and sewer services. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health. The facility has 19 bedrooms with 17 rooms having a half bathroom and 2 bedrooms sharing a half bath. There is also a 1 full bathroom and 1 shower for residents' use. A variance was requested and approved regarding the required number of bathrooms. A third bathroom with a shower area will be added during the temporary license period.

The bedrooms are as follows:

Bedroom #	**Total Sq. Ft.**	**Resident Beds**
1	290 sq ft	2
2	156 sq ft	1
3	156 sq ft	1
4	156 sq ft	1
5	156 sq ft	1
6	156 sq ft	1
7	156 sq ft	1
8	156 sq ft	1
9	156 sq ft	1
10	156 sq ft	1
11	156 sq ft	1
12	156 sq ft	1
13	156 sq ft	1
14	156 sq ft	1
15	156 sq ft	1
16	156 sq ft	1
17	156 sq ft	1
18	150 sq ft	1
19	150 sq ft	1

The indoor living and dining area measure a total of 1,171 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. This facility also contains at least 3 locked medication carts, staff office, full kitchen, and a secondary kitchen with two dining areas large enough for all **twenty (20)** residents. This facility contains a laundry room adequate to meet the needs of **twenty (20)** residents.

Compliance with Rule 400.661, bedroom furnishings were demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

The facility has four separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.725. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.645, R 400.665, R 400.647, R 400.651, R 400.653 and R 400.655.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The home is wheelchair accessible.

B. Program Description

The applicant, Care Team Partners Inc., submitted a copy of the required documentation. 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 **twenty (20)** male and/or female adults who are aged 18 and older and/or with diagnoses of physically handicapped, aged and/or Alzheimer's in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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 Care Team Partners Inc. will ensure that the residents' transportation and medical needs are met. The Care Team Partners Inc. has transportation available for residents to access community-based resources and services. 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 Care Team Partners Inc. is a Domestic Profit Corporation established in Michigan on 07/07/2019. 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 Care Team Partners Inc. has submitted documentation appointing Leslie Pembrook as Licensee Designee and Tabatha Zamudio as administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

The licensee designee/administrator has 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 20-bed facility is adequate and includes a minimum of 1 staff-to-10 residents per shift. All 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 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 SolutionsTM (formerly Identix ®), 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 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 will be assessed during the period of temporary licensing via an on-site inspection.

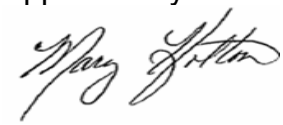
IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

07/21/2026

Martin Gonzales Licensing Consultant	Date

Approved By:



07/22/2026

Mary E. Holton Area Manager	Date