GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2026

LaVeatrice Brown
Amore Life Legacy LLC
22535 Lanse Street
St Clair Shores, MI 48081

RE: Application #: AS500420196
Amore Life Legacy LLC
22535 Lanse
St. Clair Shores, MI 48081

Dear Ms. Brown:

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 (248) 972-9136.

Sincerely,

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 West Grand Boulevard
2nd Floor Annex, Suite 2-730
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500420196
Applicant Name:	Amore Life Legacy LLC
Applicant Address:	22535 Lanse Street St Clair Shores, MI 48081
Applicant Telephone #:	586-980-0521
Administrator/Licensee Designee:	LaVeatrice Brown, Administrator LaVeatrice Brown, Designee
Name of Facility:	Amore Life Legacy LLC
Facility Address:	22535 Lanse St. Clair Shores, MI 48081
Facility Telephone #:	(586) 980-0521
Application Date:	01/07/2026
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/07/2026	Enrollment
01/07/2026	PSOR on Address Completed
01/07/2026	Application Incomplete Letter Sent 1326/RI030 and AFC-100.
01/07/2026	Contact - Document Sent
01/09/2026	Contact - Document Received 1326/RI030 and AFC-100 but not for Krisandra.
01/09/2026	Comment
01/13/2026	Contact - Document Received AFC-100.
01/13/2026	Comment
01/13/2026	File Transferred To Field Office
02/05/2026	Application Incomplete Letter Sent
06/25/2026	Inspection Completed On-site
06/25/2026	Inspection Completed-Env. Health : A
06/25/2026	Inspection Completed-Fire Safety : A
06/25/2026	Application Complete/On-site Needed
06/25/2026	Inspection Completed-BCAL Full Compliance

07/08/2026	Contact - Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Amore Life Legacy LLC is a single-story ranch style residential home located at 22535 Lanse St. Clair Shores, MI 4808. There are shopping areas and essential community resources such as department stores, emergency rooms, convenience stores, churches, and parks within a few miles of the home. The home is located in a suburban area of St. Clair Shores that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The St. Clair Shores Police department responds to emergency calls from the home. Henry Ford Medical Center - St. Clair Shores is located a few miles from the home. There is parking available in the home's driveway and on the street.

Due to the facility's location, it utilizes both public water and sewage systems, which were both inspected by the Bureau of Community Health Systems on 06/25/26 and determined to be in substantial compliance with all applicable environmental health and safety rules.

The home is owned by Mr. Kenny Williams. Verification of ownership via rental lease agreement between Mr. Williams and Ms. Brown; along with a written statement providing permission for the facility to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property.

The area of the home that is designated for residents has one double occupancy bedrooms, two single occupancy bedroom, one full bathroom, a living room, and a kitchen/dining area. The home has two forms 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 gas furnace and hot water heater, in addition to the gas-powered washer and dryer, are located 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 facility is equipped with a fully operational smoke detection system. The home has public water and a public sewer system. The home has two forms of egress leading to the outside.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup. The system was inspected on 06/25/26 and was determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

The residents' bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'10x9'0	106.5	1
2	11'10x11'4	134	2
3	10'0x11'9	117.5	1
		Total capacity:	4

The living and sitting room areas measure a total of 232.9 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 four residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The home is not wheelchair assessable.

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.

Amore Life Legacy LLC intends to provide 24-hour supervision, protection, and personal care to female residents, whose diagnosis is Developmentally Disabled. The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities.

Amore Life Legacy LLC will utilize local community resources for medical services, dental services, religious observance, and recreation. The goal of the home is to provide residents with a small, comfortable, peaceful place where they can live and get the care they need in a family-like setting. Amore Life Legacy LLC will offer a wide range of social, creative, musical, and physical activities to nurture each resident's mind, body and spirit. They will provide rehabilitative activities and programs to help residents regain lost function and independence on a short-term basis. The home will also professionally assess residents on a regular basis for medication and equipment needs to maximize their functional mobility, independence, and quality of life. Amore Life Legacy LLC will offer individual, independent activities and planned group activities which include music, baking, arts, bird and nature watching, gardening, games and other activities. The licensee will make arrangements as needed for visiting a physician, dentist, podiatrist, and home care, including nursing, occupational, physical and speech therapy.

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, private pay individuals, 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. Rule/Statutory Violations

The applicant is LaVeatrice Brown. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. 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.

LaVeatrice Brown appointed LaVeatrice Brown as the licensee designee and administrator of the facility. LaVeatrice Brown has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

A licensing record clearance request was completed with no LEIN convictions recorded for LaVeatrice Brown. LaVeatrice Brown submitted a medical clearance with a statement from a physician documenting LaVeatrice Brown is in good health, dated 12/11/25.

LaVeatrice Brown has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Provide a brief summary of the applicant and administrator's AFC experience and a concise overview of the key qualifications and work history. LaVeatrice Brown has a high school dimploma from Jared Finney High School. She has over a year of experience as a direct in-home caregiver for individuals with diagnosis of developmentally disabled. Licensing record clearance requests were completed for LaVeatrice Brown. LaVeatrice Brown submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of _1_ staff –to- _6_ 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).

7/23/26

Eric Johnson Date
Licensing Consultant

Approved By:

7/23/26

Ardra Hunter Date
Area Manager