GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2026

Leigh James
Leigh Quality Home Care LLC
3734 McKinley
Detroit, MI 48208

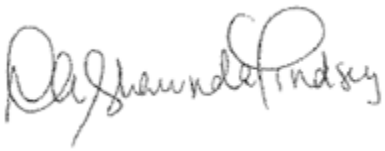
RE: Application #: AS820419715
Leigh Quality Home
3734 McKinley
Detroit, MI 48808

Dear Ms. James:

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 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820419715
Applicant Name:	Leigh Quality Home Care LLC
Applicant Address:	3734 McKinley Detroit, MI 48208
Applicant Telephone #:	313-525-8257
Administrator/Licensee Designee:	Leigh James
Name of Facility:	Leigh Quality Home
Facility Address:	3734 McKinley Detroit, MI 48808
Facility Telephone #:	(313) 525-8257
Application Date:	07/09/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/09/2025	Enrollment
07/09/2025	PSOR on Address Completed
07/09/2025	Application Incomplete Letter Sent 1326/RI030/AFC100/IRSLtr
07/09/2025	Contact - Document Sent forms sent
08/11/2025	Contact - Document Received 1326/RI030, AFC100 rec'd
08/26/2025	Application Incomplete Letter Sent
03/30/2026	Contact - Document Received
04/30/2026	Inspection Completed On-site
04/30/2026	Inspection Completed-BCAL Sub. Compliance
04/30/2026	Application Incomplete Letter Sent
05/01/2026	Technical Assistance
05/03/2026	Contact - Document Received
05/08/2026	Contact - Document Received
05/21/2026	Contact - Document Received
05/27/2026	Contact - Document Sent
06/01/2026	Application Complete/On-site Needed
06/22/2026	Inspection Completed On-site
06/22/2026	Inspection Completed-BCAL Sub. Compliance
06/22/2026	Application Incomplete Letter Sent Confirming letter emailed
07/20/2026	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is in a residential area in Detroit, Michigan. Nearby major roads are Magnolia St. Vinewood and Myrtle. Detroit Medical Center (DMC) is about three miles from the facility. There are multiple fast-food chains such as McDonald's and Savvy Sliders within miles of the facility. For recreational activities, the Riverwalk, Belle Isle and Clark Park are located less than 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 Leigh James. I verified ownership via the City of Detroit Website. In addition, the applicant submitted a copy of the Quit Claim Deed as well as a 2024 City of Detroit Summer Tax Bill.

The facility is single level home. 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, dining area with adjoined office space, kitchen, full bathroom and four resident bedrooms.

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 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 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 furnace and water heater were inspected on 10/20/2025 by National Heating & 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 back-up, which was inspected by licensed electrician Julian H. on 11/03/2025 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced 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	10’1”X10’	100.80	1
2	10’X10’	100	1
3	10’X10’	100	1
4	12’3”X9’10” + 2’5”X4’3”	130.71	2

The living, dining, and sitting room areas measure a total of 236.89 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)** female ambulatory adults whose diagnosis is developmentally disabled and/or mentally impaired in the least restrictive environment possible.

The program will recognize the individual’s preferences, choices and abilities. Such programs include necessary basic self-care and habilitation training for the residents. Basic self-care will teach and reinforce skills in dressing, grooming, eating, bathing, toileting and following simple directions. Personal adjustment services will be provided to the residents through counseling and individual therapy. Different agencies may provide health services as needed or will assist in establishing the necessary contractual agreements for the residents belonging to their network. Social education training will be provided including recreational participation such as group programs, community and recreational facilities utilization. Adult activity or day programming will be available to train residents in basic self-care skills, in-house activities of daily living, usage of community resources, hazard training, individual and group programs of therapy and education, recreational programs, field trips, skills maintenance and special training. Individuals with co-occurring disorders will be managed appropriately by following their recovery plan as established.

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 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 Leigh Quality Home Care LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 02/06/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members Leigh Quality Home Care LLC have submitted documentation appointing Leigh James as Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. James. Ms. James submitted a medical clearance with a statement from a physician documenting Ms. James' good health, dated 05/29/2026. In addition, she submitted verification that she had a baseline screening for communicable diseases and records of illness on hiring.

Ms. James has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She over one year of experience providing direct care to individuals with a mental illness and developmentally disability. She helped with activities of daily living, including personal care, medication administration, meal preparation, and emotional support.
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. James 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. James has indicated that direct care staff will be awake during sleeping hours.

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

acknowledged recording each resident's funds and itemized transactions including payment for services. Ms. James 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. James 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. James indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. James 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. James 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. James 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 5).

07/22/2026

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DaShawnda Lindsey Date
Licensing Consultant

Approved By:

07/30/2026

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Ardra Hunter Date
Area Manager