GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 14, 2026

Franck Migan
Vital Living Home Care LLC
1084
40315 Michigan Ave
Canton, MI 48188

RE: Application #: AS820420521
Louis Home
9335 Louis St
Redford, MI 48239

Dear Mr. Migan:

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 #:	AS820420521
Licensee Name:	Vital Living Home Care LLC
Licensee Address:	40315 Michigan Ave #1084 Canton, MI 48188
Licensee Telephone #:	(734) 865-7070
Administrator/Licensee Designee:	Franck Migan
Name of Facility:	Louis Home
Facility Address:	9335 Louis St Redford, MI 48239
Facility Telephone #:	(734) 865-7070
Application Date:	04/11/2026
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

04/11/2026	On-Line Enrollment
04/15/2026	PSOR on Address Completed
04/15/2026	Contact - Document Sent forms sent via email
04/29/2026	Contact - Document Received 1326
05/01/2026	Application Incomplete Letter Sent
05/20/2026	Application Incomplete Letter Sent
05/29/2026	Contact - Document Received Received requested documents per App Incomplete Letter.
06/05/2026	Application Incomplete Letter Sent 2nd letter sent.
06/05/2026	Contact - Document Received
06/15/2026	Contact - Document Sent Requested missing documentation
06/15/2026	Application Incomplete Letter Sent
06/24/2026	Inspection Completed On-site
06/24/2026	Inspection Completed-BCAL Sub. Compliance
06/26/2026	Application Incomplete Letter Sent
06/26/2026	Application Complete/On-site Needed
06/26/2026	Inspection Completed On-site
06/26/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is in a residential area in Redford, Michigan. Nearby major roads are West Chicago and Beech Daly. Trinity Health Hospital Livonia is about nine miles from the

facility. There are multiple fast-food chains such as McDonald's, Taco Bell, Checkers and Arby's within miles of the facility. For recreational activities, Handy Park and River Rouge Park are located within a few miles of 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 Fast Deal Homes LLC. I verified ownership via the Redford Charter Township 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 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 with an adjoined dining area, kitchen, full bathroom and three resident bedrooms.

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 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 bottom 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 05/27/2026 by Craftsman Refrigeration Repair. 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 a licensed electrician on 05/27/2026 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	13'1"X11'11	155.91	2
2	10'6"X10'2"	106.79	1
3	10'5"X13'11"	145.05	2

The living, dining, and sitting room areas measure a total of 356 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 and/or aged in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

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 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 Vital Living Home Care LLC., which is a “Domestic Limited Liability Company”, was established in Michigan, on 06/25/2024. 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 of Vital Living Home Care LLC have submitted documentation appointing Franck Migan as Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for. Mr. Migan. Mr. Migan submitted a medical clearance with a statement from a physician documenting Mr. Migan’s good health, dated 05/04/2026. Mr. Migan submitted verification of a tuberculosis screening as well.

Mr. Migan has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Migan has several years of experience as an adult foster care licensee, with direct care experience serving individuals with mental illness and developmentally disabilities. He also worked with the aged population. He has helped with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. Mr. Migan 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. Mr. Migan 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. Mr. Migan has indicated that direct care staff will be awake during sleeping hours.

Mr. Migan 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.

Mr. Migan 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.

Mr. Migan 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.

Mr. Migan 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, Mr. Migan 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.

Mr. Migan acknowledged his 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, Mr. Migan acknowledged his 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.

Mr. Migan 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.

Mr. Migan acknowledged his 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.

Mr. Migan acknowledged his 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.

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

Mr. Migan acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. Mr. Migan indicated that it is his intent to achieve and maintain compliance with these requirements.

Mr. Migan 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. Mr. Migan has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

07/07/2026

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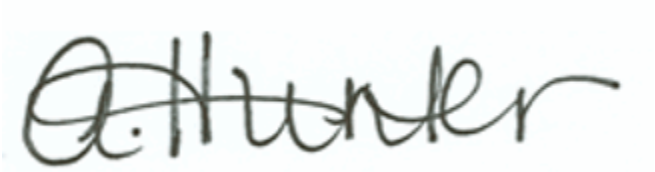
DaShawnda Lindsey Date
Licensing Consultant

Approved By:



07/14/2026

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Ardra Hunter Date
Area Manager