GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 10, 2026

Shantelle Zarko
The Oasis Of Clio LLC
Suite C
2575 Mcleod Drive North
Saginaw, MI 48604

RE: Application #: AL250418674
The Oasis Of Clio
1354 W. Vienna Road
Clio, MI 48420

Dear Shantelle Zarko:

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,

Christopher A. Holvey

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250418674
Licensee Name:	The Oasis Of Clio LLC
Licensee Address:	Suite C 2575 Mcleod Drive North Saginaw, MI 48604
Licensee Telephone #:	(989) 992-4587
Administrator/Licensee Designee:	Shantelle Zarko, Designee
Name of Facility:	The Oasis Of Clio
Facility Address:	1354 W. Vienna Road Clio, MI 48420
Facility Telephone #:	(810) 640-8357
Application Date:	07/23/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODOLOGY

03/19/2024	Inspection Completed-Fire Safety: A Please refer to AL250384167
07/23/2024	On-Line Enrollment
07/24/2024	PSOR on Address Completed
07/24/2024	Contact - Document Sent Forms sent.
09/13/2024	Contact - Document Received 1326/Ri030
09/24/2024	Application Incomplete Letter Sent
03/04/2026	Inspection Completed On-site
03/04/2026	Inspection Completed-BCAL Sub. Compliance
03/05/2026	Application Incomplete Letter Sent
06/11/2026	Inspection Completed-Fire Safety: A
08/05/2026	Application Complete/On-site Needed
08/10/2026	Inspection Completed-Env. Health: A
08/10/2026	Inspection Completed-BCAL Full Compliance
08/10/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Oasis of Clio is located at 1354 W. Vienna Rd, Clio, MI. 48420 in Genesee County. The facility is owned by Oasis Senior Living. It has a large cement parking lot with ample parking space for staff and visitors.

The facility is a single level structure and is located in an urban residential neighborhood. The facility has 20 single occupancy resident bedrooms, which all have attached private full bathrooms with walk-in showers. In addition, the facility has one public restroom. The facility has a spacious living room, dining room and commercial kitchen. There is also a staff office, a staff breakroom, laundry room, beauty salon, activities room, a utility room with water heater, two separate nurses' stations, and a fully enclosed courtyard. This facility has a total of four exits, and all those exits are at

grade level, which makes this facility wheelchair accessible. All four exits have attached door alarms to alert staff when someone exits the facility.

There are a total of four furnaces located on the back roof of the building. The facility's hot water heater is in a utility room located on the main level and is separated from the residents with a steel fire rated door equipped with an automatic self-closing device and positive latching hardware. The furnaces were last inspected by a certified HVAC technician on 6/18/2026 and deemed to be in good working order and safe. There are multiple fire extinguishers located throughout the facility. The smoke detectors are all hard-wired into the facility's electrical and fire detection system and are located in all sleeping and living areas. On 6/11/2026, a full fire safety approval was given to this facility by the Bureau of Fire Services.

The facility has a public water and sewer system. On 8/10/2026, this home was inspected and it was determined to be in full compliance with all applicable licensing rules pertaining to environmental health.

All resident bedrooms have slightly separate sleeping and living areas and measure as follows:

Bedroom	**Square footage**	**# of Residents**
Bedroom # 1	9' x 11' and 10' 5" x 7' 5" = 176 square feet	1
Bedroom # 2	9' x 11' and 10' 5" x 7' 5" = 176 square feet	1
Bedroom # 3	14' x 7' and 11' x 8' 8" = 193 square feet	1
Bedroom # 4	14' x 7' and 11' x 8' 8" = 193 square feet	1
Bedroom # 5	14' x 7' and 11' x 8' 8" = 193 square feet	1
Bedroom # 6	14' x 7' and 11' x 8' 8" = 193 square feet	1
Bedroom # 7	14' x 7' and 11' x 8' 8" = 193 square feet	1
Bedroom # 8	14' x 7' and 11' x 8' 8" = 193 square feet	1
Bedroom # 9	14' x 7' and 11' x 8' 8" = 193 square feet	1
Bedroom # 10	14' x 7' and 11' x 8' 8" = 193 square feet	1
Bedroom # 11	14' x 7' and 11' x 8' 8" = 193 square feet	1
Bedroom # 12	14' x 7' and 11' x 8' 8"	1

	= 193 square feet	
Bedroom # 13	14’ x 7’ and 11’ x 8’ 8” = 193 square feet	1
Bedroom # 14	14’ x 7’ and 11’ x 8’ 8” = 193 square feet	1
Bedroom # 15	14’ x 7’ and 11’ x 8’ 8” = 193 square feet	1
Bedroom # 16	14’ x 7’ and 11’ x 8’ 8” = 193 square feet	1
Bedroom # 17	14’ x 7’ and 11’ x 8’ 8” = 193 square feet	1
Bedroom # 18	14’ x 7’ and 11’ x 8’ 8” = 193 square feet	1
Bedroom # 19	9’ x 11’ and 10’ 5” x 7’ 5” = 176 square feet	1
Bedroom # 20	9’ x 11’ and 10’ 5” x 7’ 5” = 176 square feet	1

The living and dining areas measure a total of 1,422 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 twenty (20) 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, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care for up to twenty (20) male and/or female residents age 55 and over, who are aged, have Alzheimer’s/dementia and/or physically handicapped. The mission of The Oasis of Clio /Oasis Senior Living is to provide a home-like setting for the care of the elderly. It is the desire of this organization to provide the least restrictive environment possible that will maximize the social and psychological growth for our residents. Oasis Senior Living will provide room, board, protection, supervision, assistance, and supervised care following the resident’s service plan. The goal of their services is for the residents to maintain their independence and for their needs to be met in a dignified and humane manner. Oasis Senior Living is committed to providing quality care services to its residents, by the hiring of competent and qualified individuals who will help fulfill the responsibilities of our home, all while ensuring the protection of the basic human dignity of the residents This facility is wheelchair accessible.

C. Applicant and Administrator Qualifications

The applicant is The Oasis of Clio, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 3/25/2024. 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 members of The Oasis of Clio, L.L.C. have submitted documentation appointing Shantelle Zarko as both Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 twenty-bed facility is adequate and includes a minimum of two staff –to- twenty 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 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 that a separate form 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 residents' 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.

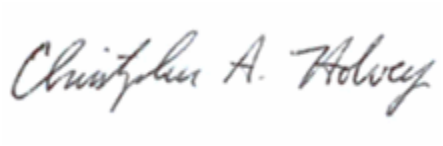
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with Quality-of-Care rules 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).



8/10/2026

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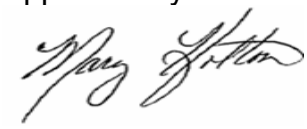
Christopher Holvey Date
Licensing Consultant

Approved By:



8/10/2026

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Mary E. Holton Date
Area Manager