GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 13, 2026

D PRO CARE LLC
23778 Rausch
Eastpointe, MI 48021

RE: Application #: AS500419835
D Pro Care LLC
23778 Rausch Ave
Eastpointe, MI 48021

Dear Mr. Demps:

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 4 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,

Kristine Cilluffo

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 West Grand Boulevard
2nd Floor Annex, Suite 2-730
Detroit, MI 48202
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500419835
Applicant Name:	D PRO CARE LLC
Applicant Address:	23778 Rausch Eastpointe, MI 48021
Applicant Telephone #:	(269) 568-0362
Administrator/Licensee Designee:	Aaron Demps
Name of Facility:	D Pro Care LLC
Facility Address:	23778 Rausch Ave Eastpointe, MI 48021
Facility Telephone #:	(269) 568-0362
Application Date:	08/15/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/15/2025	Enrollment
08/15/2025	PSOR on Address Completed
08/15/2025	File Transferred To Field Office
08/18/2025	Application Incomplete Letter Sent
03/12/2026	Application Complete/On-site Needed
07/27/2026	Recommend License Issuance
07/30/2026	Contact- Document Sent

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the "Licensing Adult Foster Care Facilities" Administrative Rules effective 11/03/2025.

A. Physical Description of Facility

Include a description of the facility's geographic location, noting nearby major roads or highways, the nature of the neighborhood (residential, rural, commercial, mixed), and the facility's distance to shopping areas and essential community resources (e.g. department stores, emergency rooms, behavioral health centers, convenience stores, churches, parks, etc.). Describe the facility's parking situation (e.g. parking available on the road, driveway, parking lot, etc.)

Facility Location and Neighborhood Overview:

D Pro Care LLC is a two-story small adult foster care home located in Eastpointe, MI. The licensee for the home is D PRO CARE LLC. Aaron Demps will act as the licensee designee and administrator. The home is located in a residential area of Eastpointe, MI with commercial areas nearby. Hospitals and health centers within a close distance to the home include Henry Ford St. John Hospital, Corewell Health Beaumont Grosse Point and Henry Ford Warren Hospital. Macomb Mall and various restaurants are located near the home. There are also multiple churches nearby including St. Veronia Parish, Immanual United Methodist Church and First Baptist Church of Eastpointe. Parking is available on the road and in the driveway.

Due to the facility's location, it utilizes both public water and sewage system.

Ownership and Inspection Authorization Section:

The home is owned by Aaron Demps. A copy of tax statement was provided for verification. An online deed search was also completed to confirm home is owned by Mr. Demps.

Description of Facility, Layout, and Interior/Exterior Arrangement:

D Pro Care LLC has a living room, kitchen with dining area, four resident bedrooms and two resident bathrooms and basement. The basement will be used for live in staff. The living room offers a total of 162 square feet which meets the required 35 square feet per person for four residents.

Based on the above information, it is concluded that this facility can accommodate four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

Description of Facility, Layout, and Interior/Exterior Arrangement:

The facility is a two-story home. The primary and secondary means of egress are located at the front door and side door near kitchen area. The facility does not have wheelchair ramps and/or exits that are at grade 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.

Upon entering the front door is the main floor of the home. The front entrance leads to the living room which will be used as a community living area for residents. To the right of the living room is the kitchen and dining area and has seating to accommodate four four residents. Past the living room is a hallway with two resident bedrooms and one resident bathroom. The bathroom consists of a toilet, sink, shower, and window for ventilation.

There are two resident bedrooms and full bathroom located on the second floor of the home. The bathroom consists of a toilet, sink, shower, and window for ventilation.

The stairs leading the basement are located off the kitchen. Upon entering the basement is a living area and office area for staff. The basement also consists of a sleeping area for staff/household member and staff bathroom The furnace and laundry area are also located in the basement. The basement will not be used for resident activities as it does not have two means of egress.

The four bedrooms in the facility are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'6" X 8'11"	93	1

2	10’11” X 10’1”	110	1
3	12’3” X 11’0”	134	1
4	13’2” X 15’9”	207	1

Total capacity: 4

All four bedrooms have adequate space, bedding and storage. All of the bedrooms have a chair, mirror and window. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

The bathroom and bedrooms doors have non-locking against egress hardware. The water temperature was found to be between 105-120 degrees Fahrenheit. There is a locked cabinet for medication storage in the basement.

The heat plant is located in basement with no residents. The furnace, hot water heater, in addition to the washer and dryer, are located in the facility’s basement. A 1-3/4 inch solid core door equivalent fire 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 metal duct work. The furnace was inspected by Hoover on 12/04/2025. Verification of furnace repair was provided. The hot water heater was inspected by Duty Calls Plumbing & Sewer on 06/18/2026.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup. The home has an ADT security system with interconnected smoke detectors. The system was inspected on 06/27/2026 and was determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, and basement.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to four (4) male, ambulatory, adults whose diagnosis is developmentally disabled and/or mentally impaired, in the least restrictive environment possible.

D Pro Care will provide 24-hour care and supervision for up to four adult residents. The home will provide care for adult males who need assistance with daily living and are diagnosed with mental illness and/or developmental disabilities. Residents must be fully ambulatory as the home is not wheelchair assessable. The home will assist residents with activities of daily living, including decision making processes and the actualization of personal goals. The home can assist residents with personal care tasks including guidance in dressing, grooming, bathing, and medication management. The home will also support residents in developing practical daily living skills such as meal planning, preparation, household chores and promoting self-sufficiency and independent living.

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.

C. Applicant and Administrator Qualifications

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Aaron Demps will act as the licensee designee and administrator for the home. Mr. Demps has been fingerprinted. A letter was provided from Open Arms Link verifying that Mr. Demps has over seven years of experience working with individuals who are mentally impaired, developmentally disabled and/or physically handicapped. He has exhibited strong skills in crisis intervention and management of residents' daily needs. Mr. Demps has completed college courses at Olivet College and Kalamazoo Valley Community College. He also provided letter from State of Michigan Department of Military and Veterans Affairs dated 07/09/2025 indicating he is ordered to full-time National Guard duty.

The applicant is D PRO CARE LLC which is a "Domestic Limited Liability Company", was established in Michigan, on 02/24/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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.

A licensing record clearance request was completed with no LEIN convictions recorded for Aaron Demps. The applicant submitted a medical clearance with a statement from a physician documenting the applicant's good health, dated 06/22/2026.

Mr. Demps mother, Margaret Jackson, is a household member and will act as a live in staff. A clearance has been completed for Ms. Jackson. A medical statement was provided for Ms. Jackson dated 06/14/2026 which indicates that she has a known physical/mental condition or health problem that would not limit her ability to work with or around dependent adults.

The staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of one staff –to- four 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.

Aaron Demps 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. Demps acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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. Demps 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 designee can administer medication to residents. In addition, Mr. Demps acknowledged that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. Demps acknowledged his responsibility to obtain all required 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. Demps acknowledged his responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Demps 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. Demps acknowledged his 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. Mr. Demps will update and complete those forms and obtain new signatures for each resident on an annual basis.

Mr. Demps acknowledged his responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

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

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.

Mr. Demps acknowledged 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 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.

Mr. Demps 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.

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.

Mr. Demps 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.

Mr. Demps acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

Mr. Demps acknowledged he has a copy of the licensing rule book for adult foster care small group homes.

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 that the department issue a temporary license to this small group adult foster care home, D Pro Care LLC with a capacity of four (4) residents.

08/05/2026

Kristine Cilluffo — Date
Licensing Consultant

Approved By:

08/13/2026

Ardra Hunter — Date
Area Manager