



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 26, 2026

Prerana Patel
Compassion Homes LLC
540 BIESTERFIELD RD, Unit
ELK GROVE VLG, IL 60007

RE: Application #: AS410420326
Compassion Homes LLC
6601 Crystal Downes Dr. SE
Caledonia, MI 49316

Dear Mrs. Patel:

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 and special certification with a maximum capacity of 6 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads 'Anthony Mullins'.

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410420326
Licensee Name:	Compassion Homes LLC
Licensee Address:	Suite 300 55 Campau Ave NW, Grand Rapids, MI 49503
Licensee Telephone #:	(760) 505-5206
Administrator/Licensee Designee:	Prerana Patel
Name of Facility:	Compassion Homes LLC
Facility Address:	6601 Crystal Downes Dr. Caledonia, MI 49316
Facility Telephone #:	(760) 505-5206
Application Date:	02/19/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

02/19/2026	On-Line Application Incomplete Letter Sent 1326/RI030,IRS Letter, Facility Name req'd
02/19/2026	On-Line Enrollment
02/23/2026	Contact - Document Sent forms sent
03/27/2026	Contact - Document Received 1326/RI030 rec'd, waiting on IRS Ltr
04/13/2026	Application Incomplete Letter Sent
05/18/2026	Application Complete/On-site Needed
05/18/2026	Inspection Completed-BCAL Full Compliance
05/18/2026	Inspection Completed-Env. Health : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home located at the end of a cul-de-sac within a subdivision of similar homes in Caledonia, Michigan. The main floor includes a living room, dining room, kitchen, staff office, and three resident bedrooms. One of the bedrooms has a private bathroom with dual vanities, and there is an additional full bathroom on this level. Two approved means of egress are available on the main floor, each equipped with a ramp to accommodate residents with mobility needs. The lower level also has a direct exit to the outside. The facility is connected to public water and sewer services.

The gas furnace and hot water heater are located in the lower level in an enclosed room that provides appropriate floor separation. This room is fitted with a 1-3/4 inch solid core door equipped with automatic self-closing spring hinges. The home contains both interconnected hardwired smoke detectors and some single battery-operated detectors. During the onsite inspection, the resident bedrooms were measured and documented as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15.25X12.5	191 sq ft	2
2	11.92X10.92	130 sq ft	2
3	13.25X11.33	150 sq ft	2
Lower Level			
4	12X10	120 sq ft	1

The family and dining room areas measure a total of 393 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 home can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The home was previously licensed as Brightside Living – Whispering Oaks, license number AS410403035

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 to **six** adults, ages 18+ in need of assistance with physical, developmental, or age-related challenges in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs if deemed necessary. The applicant intends to accept residents from Kent County Community Mental Health (CMH) and other contracted agencies.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Administrator Qualifications

The applicant is Compassion Homes LLC, which is a Domestic Limited Liability Company established in Michigan on 01/26/2026. The LLC was filed by Attorney Jonathan Siebers of Rhoades McKee PC on behalf of his client, Prerana Patel, who owns and operates the LLC. 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.

Members of Compassion Homes LLC have submitted documentation Appointing Prerana Patel as the licensee and administrator of the facility. A licensing record clearance requested was completed with no LEIN convictions recorded for the

applicant/administrator. The applicant/administrator submitted medical clearance request with statements from a physician documenting their good health.

The licensee/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 6-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 normal 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 Resident Funds Part II BCAL-2319 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. The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 and special certification to this AFC small group home (capacity 6).

Anthony Mullins

05/26/2026

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

05/26/2026

Jerry Hendrick
Area Manager

Date