



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 16, 2026

Amy Line
1020 Braeview Dr
Howell, MI 48843

RE: Application #: AF470419986
Heart Line Home
1020 Braeview Dr
Howell, MI 48843

Dear Ms. Duchesneau:

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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF470419986
Applicant Name:	Amy Line
Applicant Address:	1020 Braeview Dr Howell, MI 48843
Applicant Telephone #:	810-263-1437
Licensee Designee:	Amy Line
Administrator:	N/A
Name of Facility:	Heart Line Home
Facility Address:	1020 Braeview Dr Howell, MI 48843
Facility Telephone #:	(248) 222-5600
Application Date:	10/16/2025
Capacity:	4
Program Type:	AGED

II. METHODOLOGY

10/16/2025	Enrollment
10/16/2025	Application Incomplete Letter Sent requested 1326/RI030, AFC for 3 people, and updated app.
10/16/2025	PSOR on Address Completed.
10/16/2025	Contact - Document Sent forms sent.
10/28/2025	Contact - Document Received.
10/28/2025	File Transferred to Field Office.
10/28/2025	Application Incomplete Letter Sent.
11/10/2025	Contact - Telephone call received from Amy.
11/10/2025	Contact - Document Sent Amy.
11/14/2025	Contact - Document Sent new rule set information.
11/17/2025	Contact - Document Sent.
11/18/2025	Application Incomplete Letter Sent new rules on it.
11/19/2025	Contact - Document Sent Email sent with instructions on how to change app from family to small group including the additional \$50 that is required.
12/01/2025	Contact - Document Sent Additional resources.
12/22/2025	Contact - Document Received.
01/26/2026	Contact - Document Sent Email sent to licensee, feedback on documents submitted.
02/12/2026	Contact - Telephone call made Telephone about CAP.
02/23/2026	Comment Egress window scheduled installation end of May 2026.
04/23/2026	Contact - Document Received question from LD.
04/23/2026	Contact - Document Sent Email to LD about question.
07/29/2026	Contact- Document received- door installed 8/14/2026.

08/18/2026	Inspection Onsite BCAL Full Compliance
08/18/2026	Exit Conference
09/15/2026	Contact- Document received, electrical inspection.
09/22/2026	Inspection Completed BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Heart Line Home is located in a well-established residential neighborhood in Howell, Michigan, the largest city and county seat of Livingston County. The area offers convenient access to local parks, recreation centers, and outdoor amenities such as Argyle Park, Baldwin Park, McPherson Park, and Thompson Lake. Additional nearby regional recreation areas include Island Lake Recreation Area and Hudson Mills Metropark. The home also benefits from proximity to Howell's downtown, which provides dining, shopping, community services, and local attractions. Residents also have access to healthcare services through the Henry Ford Medical Center offering primary care, specialty care, and diagnostics.

Amy Line is the property owner of the house and property. Verification of ownership has been verified by reviewing property taxes.

The facility is a ranch-style home with front and rear doors serving as the primary and secondary means of egress. Although there is a wheelchair ramp at the rear exit, the front door is not at grade, resulting in fewer than two approved means of egress from the first floor as required. Therefore, the facility is not wheelchair accessible and cannot admit residents who require the regular use of a wheelchair.

The main level of the facility includes a living room, dining room/kitchen, one full bathroom, and three resident bedrooms. The facility has a bathroom that contains 1 toilet, 1 sink, and 1 bathing fixture that is located off the main hallway by the bedrooms. The finished basement contains an enclosed laundry/utility room with the furnace and hot water heater, as well as two bedrooms, a living area, and a full bathroom. Licensee Amy Line occupies one of the basement bedrooms. Residents do not access the basement except to do their laundry or seek shelter during tornadoes or inclement weather. The basement is equipped with an egress window that was inspected and approved by the City of Howell Building Department on 4/23/2026.

The furnace and hot water heater are located in the utility room, which is equipped with a solid-core wood door featuring an automatic self-closing device and positive-latching hardware. The facility has central air conditioning and a fire extinguisher on each floor.

The furnace was inspected on 12/18/2025 by Precision Comfort Heating and Air Conditioning and was determined to be in good condition and function properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor including the basement.

All smoke detectors are interconnected and hard-wired into the structure's electrical system with battery backup. They were installed/inspected by a licensed electrician on September 15, 2026, and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, kitchen, living areas along with all areas that contain flame or heat producing equipment.

The facility utilizes both public water and sewage systems.

Resident bedrooms, living and activity areas measured as follows:

Bedroom #1	13'4" X 9"	120 sq feet	1 resident bed
Bedroom #2	10'4" x 13'4"	137.78 sq feet	2 resident beds
Bedroom #3	8'1" X 10'11	88.27 sq feet	1 resident bed
Entrance/family room	22'2" X 11'6"	254.92 sq feet	
Dining area	7'2" X 11'5"	81.82 sq feet	

The facility's total square footage is approximately 1,000 square feet. The indoor living and dining areas measure around 336.74 square feet of living space which exceeds the minimum requirement of 35 square feet per occupant. The basement which contains the laundry appliances, heating and cooling systems, and the licensee's bedroom/living space is not included in the square footage calculation, as residents do not regularly access this area. Residents do not complete their own laundry but may assist with folding if indicated in their assessment plan. Based on this information, the facility can accommodate four residents.

The facility has golden retriever named Cora and cat named Ginny. Both animals up are to date on vaccinations. The facility also has two parakeet birds.

B. Program Description

Admission/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 facility will provide 24-hour supervision, protection, and personal care for up to four female residents who are aged. The program's goal is to maintain a peaceful and supportive environment while delivering comprehensive care to each resident. Services

will be provided according to each resident's assessment plan, and residents will be encouraged to remain active through meaningful daily activities. The applicant also encourages family participation and regular visitation.

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 Tri County Office on Aging, Program of All-Inclusive care (PACE) and Adult Protective Services.

The licensee will ensure transportation is available for program and medical needs. Facility direct care staff members will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, local parks, recreational activities and planned resident outings as a source of entertainment.

Amy Line in collaboration with facility direct care staff members will continually assess residents and make changes as necessary to meet resident needs. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by direct care staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources such as Tri-County Office on Aging for recreational activities as well as bringing in books from the local library for residents. The facility has board games, puzzles, and crafts as well. The program will utilize resources to provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant has cash in savings and income from savings and outside employment. The applicant acknowledges the department may request an operational budget, invoices, purchase orders, receipts and other nonproprietary financial documents maintained in the normal course of business to demonstrate the provision of care and services for an Adult Foster Care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Amy Line. Amy Line submitted a medical clearance with a statement from a physician documenting Amy Line's good health, dated 10/03/2025.

Applicant Amy Line has provided documentation demonstrating that she meets the qualifications and training requirements outlined in the adult foster care administrative rules. Ms. Line has 30 years of direct care experience serving aged individuals in two licensed facilities. Her background includes aiding with activities of daily living, personal care, medication administration, meal preparation, mobility support, and behavioral assistance. She also has experience ensuring compliance with licensing requirements, overseeing resident care, and maintaining required documentation.

Additionally, Ms. Line has served as a live-in caregiver for two terminally ill family members, providing end-of-life care. She has extensive experience supporting individuals with Alzheimer's disease and other memory care needs.

The staffing pattern for this four-bed facility is appropriate and includes a minimum ratio of one staff member to four residents per shift. The applicant acknowledges that staffing levels will be adjusted as needed to meet any increases in residents' supervision, protection, or personal care needs. Direct care staff will remain awake during sleeping hours. The facility has adequate space for a live-in or sleeping staff member, as the licensee resides in the home and the basement contains a second bedroom.

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 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 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.

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 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 to document the date and amount of the adult foster care service fee paid each month and all the resident's 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.

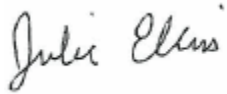
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. The applicant acknowledges that the facility is not equipped for those residents with mobility impairments and therefore no one using a wheelchair or walker may reside there

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. 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 small family home with a capacity for four (4) female residents.



09/15/2026

Julie Elkins
Licensing Consultant

Date

Approved By:



09/16/2026

Dawn N. Timm
Area Manager

Date