GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 25, 2026

Margaret Dunn
P.O. Box 18
Oxford, MI 48371

RE: Application #: AS630419486
Becca's Love
3921 Barber Rd
Oxford, MI 48371

Dear Mrs. Dunn:

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 (248) 972-9136.

Sincerely,

Stephanie Gonzalez

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place
3044 West Grand Boulevard
2nd Floor Annex, Suite 2-730
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419486
Applicant Name:	Margaret Dunn
Applicant Address:	5631 Baldwin Rd Oxford, MI 48371
Applicant Telephone #:	(248) 709-2299
Administrator/Licensee Designee:	Margaret Dunn
Name of Facility:	Becca's Love
Facility Address:	3921 Barber Rd Oxford, MI 48371
Facility Telephone #:	(313) 579-1825
Application Date:	04/29/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/29/2025	Enrollment
04/29/2025	Inspection Report Requested - Health Invoice#: 1035030
04/29/2025	PSOR on Address Completed
04/29/2025	Application Incomplete Letter Sent 1326/RI030
04/29/2025	Contact - Document Sent Forms and EHI letter sent.
11/18/2025	Contact - Document Received 1326/RI030 AFC-100 and copy of app.
11/18/2025	Inspection Report Requested - Health Invoice#: 1035467
11/18/2025	File Transferred To Field Office
12/05/2025	Application Incomplete Letter Sent A copy of the AFC checklist was sent to the applicant via email at Jdunn@thehofp.org.
04/01/2026	Contact - Document Received Facility documents received via email
04/06/2026	Contact - Document Received Facility documents received via email
04/08/2026	Contact - Document Received Facility documents received via email
04/15/2026	Contact - Document Received Facility documents received via email
04/24/2026	Contact - Document Received Facility documents received via email
04/30/2026	Contact - Document Received Email exchange with applicant and additional documents received
05/14/2026	Contact - Document Sent Email exchange with applicant

05/27/2026	Contact - Telephone call made Spoke to applicant via telephone. Reviewed current documents received and edits that are needed. As well as additional documents still needed
06/12/2026	Contact - Document Received
07/23/2026	Inspection Completed On-site
08/21/2026	Follow-up Inspection- Conducted via video
09/24/2026	Final application documents received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story home with a basement, located within the village of Oxford, MI. The home is located in a rural area and sits on a 24-acre lot. The home is within a 5 – 10-minute drive to nearby major roads or highways, shopping areas and essential community resources (e.g. department stores, emergency rooms, behavioral health centers, convenience stores, churches, parks, etc.). The facility has a large parking space that is more than adequate to accommodate visitors.

The facility utilizes a propane water heater and furnace equipment, both of which are located in the basement of the home. The furnace and hot water heater were inspected on 4/7/2026 by Dynamic HVAC and deemed to be in compliance with all applicable requirements. The facility utilizes a private sewer and private well system, which were both inspected by Payton Jonson of the Oakland County Environmental Health Department and determined to be in substantial compliance with all applicable environmental health and safety rules.

The facility is owned by the applicant, Margaret Dunn. Ms. Dunn provided proof of ownership by submitting a copy of the property deed. Ms. Dun also provided a written statement, providing permission for facility to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property.

The facility is a two-story home with a basement. The home has three means of egress, including a front door, back door and an additional exit door off of the kitchen/dining area. All three exit doors are primary means of egress that can be used for evacuation. The facility does not have wheelchair ramps and/or exits 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 facility, the living room is to the left. Directly past the living room are the dining room and kitchen area. To the right of the living room is a half-bathroom. To the right of the kitchen is a doorway that leads to the staff apartment area, which includes its own private bedroom, bathroom and living room area. There is an exit door off of the dining room area, the back area of the home and the front exit door. There are no resident bedrooms on the main floor. Directly to the right of the staff apartment is a stairway that leads to the basement area.

Upon entering the second floor, there is a long hallway that leads to four resident bedrooms, one non-resident bedroom, two full bathrooms, a large multi-purpose room, and a secondary door that leads to a second set of stairs that leads directly to the main floor and staff living room area.

The basement is directly accessed from the staff apartment area. The hot water heater and furnace are located in the basement. The basement is used for storage as needed. The basement is not used for residents' daily activities or sleeping purposes and is not accessible to residents.

The hot water heater and furnace both utilize propane gas. All heating equipment is enclosed with a 1¾ 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 furnace and hot water heater were inspected on 4/7/2026 by Dynamic HVAC and deemed to be in compliance with all applicable requirements. The washer and dryer utilize propane and are located on the facility's main floor. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The applicant, Margaret Dunn, acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. Ms. Dunn acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. Ms. Dunn acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup. The system was inspected and was 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 x 13	169	1
2	12 x 14	168	1
3	11 x 14	154	1
4	11 x 14	154	1
			Total capacity: 4

The living, dining, and sitting room areas measure a total of 900 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 **four** (4) 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 Ms. Dunn intends to provide 24-hour supervision, protection and personal care to four (4) female ambulatory adults whose diagnosis is developmentally disabled and/or mentally impaired in the least restrictive environment possible.

Ms. Dunn's program statement highlights the purpose, services offered, and program features, which 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. Ms. Dunn will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. Ms. Dunn'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.

Ms. Dunn intends to accept residents from local community mental health agencies, local Department of Health and Human Services, private pay individuals, Adult Protective Services, etc. as referral sources.

Ms. Dunn 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.

Ms. Dunn will make provisions for a variety of leisure and recreational equipment. It is the intent of Ms. Dunn 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

Ms. Dunn is the designated licensee and administrator for the facility. Ms. Dunn has acknowledged sufficient financial resources to provide for the adequate care of the residents. Ms. Dunn has cash in savings and income from savings and outside employment. Ms. Dunn 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 Ms. Dunn. Ms. Dunn submitted a medical clearance with a statement from a physician documenting her good health and physical ability to work with the AFC population. Ms. Dunn also submitted a baseline screening for communicable diseases and records of illness confirming her good health.

Ms. Dunn has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Dunn has several years of direct care experience serving individuals with mental illness and developmentally disabilities. Ms. Dunn has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff to 4 residents per shift. Ms. Dunn 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. Ms. Dunn has indicated that direct care staff will be awake during sleeping hours.

Ms. Dunn 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.

Ms. Dunn 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.

Ms. Dunn 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.

Ms. Dunn 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 Ms. Dunn can administer medication to residents. In addition, Ms. Dunn 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.

Ms. Dunn 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, Ms. Dunn 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.

Ms. Dunn 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.

Ms. Dunn acknowledges their 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.

Ms. Dunn 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.

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

Ms. Dunn acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Dunn indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Dunn 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. Ms. Dunn 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.

Ms. Dunn 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.

Ms. Dunn acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Ms. Dunn was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 20).

Stephanie Gonzalez 9/25/2026

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Stephanie Gonzalez Date
Licensing Consultant

Approved By:

Denise Y. Nunn 09/25/2026

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Denise Y. Nunn Date
Area Manager