GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 28, 2026

Roslind Davis
Community Care Adult Foster Care & In Home Services LLC
9960 Stout St
Detroit, MI 48228

RE: Application #: AS820419557
Community Care Adult Foster Care & In Home
9960 Stout St
Detroit, MI 48228

Dear Roslind Davis:

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 3 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 (313) 456-0380.

Sincerely,

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820419557
Applicant Name:	Community Care Adult Foster Care & In Home Services LLC
Applicant Address:	9960 Stout ST Detroit, MI 48228
Applicant Telephone #:	(586) 217-7327
Administrator/Licensee Designee:	Roslind Davis, Designee
Name of Facility:	Community Care Adult Foster Care & In Home
Facility Address:	9960 Stout St Detroit, MI 48228
Facility Telephone #:	(313) 340-2243
Application Date:	05/19/2025
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/19/2025	Enrollment
05/19/2025	PSOR on Address Completed
05/19/2025	Application Incomplete Letter Sent 1326/RI030/FPS
05/19/2025	Contact - Document Sent Forms sent
06/30/2025	Contact - Document Received 1326/RI030 Rec'd
07/16/2025	Application Incomplete Letter Sent
07/25/2025	Application Incomplete Letter Sent
09/25/2025	Application Incomplete Letter Sent
04/16/2026	Inspection Completed On-site
04/16/2026	Inspection Completed-BCAL Sub. Compliance
08/14/2026	Inspection Completed On-site additional repairs required.
08/27/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Community Care Adult Foster Care & In Home is in a residential neighborhood located in Detroit, MI. Community Care Adult Foster Care & In Home is approximately 12-miles from I-96 and less than 4 miles from M-39. The area offers a convenient and diverse range of amenities with pharmacies such as Walgreens, CVS, Park Pharmacy and Corewell Health Dearborn Hospital all within a 10-mile radius. There are multiple dining options, including Yoshi Hibachi Grille, Durresi Restaurant Coney Island, and fast-food chains including Tubby's Sub Shop, McDonald's, Popeyes Louisiana Kitchen and Jet's Pizza within miles of the facility. For recreational activities, parks like River Rouge Park, Brennan Recreation Area, Prairie Pathway Trailhead, and Simanek Park are relatively close to the home and offer opportunities for outdoor relaxation and enjoyment. Community Care Adult Foster Care & In Home has a driveway and street parking

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

Rama Gera is the property owner and has entered a lease agreement with applicant Community Care Adult Foster Care & In Home Services LLC. Verification of ownership has been verified by reviewing a copy of the warranty deed and receipt of lease along with permission for facility to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property.

Community Care Adult Foster Care & In Home is a single-family style home. The front and rear door are the two approved means of egress. The facility does not have wheelchair ramps at the 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.

The main level of the facility consists of a living and dining room area, kitchen, one full bathroom, and three bedrooms. The bathroom contains 1 toilet, 1 sink, and 1 bathing fixture that is located off the main hallway by resident bedrooms.

The basement is finished. The basement contains a laundry room with electric powered appliances and storage room. The facility's clothes dryer is an electric and ventless smart dryer. The basement is not used for resident activities and does not have resident bedrooms.

The gas furnace and hot water heater are located in an enclosure in the basement with a 1-3/4 inch solid core door or equivalent equipped with an automatic self-closing device and positive latching hardware located at the bottom of the stairs to create floor separation.. The furnace was inspected on 08/26/2025 by a licensed professional, respectively, and both were determined to be in good condition and functioning properly.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 06/23/2026 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living room, and similar spaced along with all areas that contain flame or heat producing equipment.

The backyard is fenced; however, the applicant acknowledged an understanding that the gates must not be locking against egress. If secured fence, obtain variance prior to issuance of license and provide description of locking mechanisms.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 Southwest	9.33 x 9.5	89	1
2 East	10.6 x 10.08	106	1
3 East	8.5 x 10.17	86	1

The living, dining, and sitting room areas measure a total of **180** 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 **three (3)** 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 applicant intends to provide 24-hour supervision, protection and personal care to **three** (3) male and female ambulatory adults whose diagnosis is developmentally disabled, and mentally impaired in the least restrictive environment possible.

Community Care Adult Foster Care & In Home promotes independence and social interaction with group activities, outings, house meetings, companionship and emotional support to combat isolation and depression. The program is designed to assist residents with their goals and objectives identified in their individual plan of service, behavioral plan and the licensing assessment. The licensee will provide individualized support modified 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.

The applicant intends to accept residents for placement from local Detroit Wayne Integrated Health Network, Community Mental Health agencies working with vulnerable/aged adults, and private pay individuals as referral sources.

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. The applicant shall provide or arrange transportation for residents.

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

The applicant is Community Care Adult Foster Care & In Home Services LLC, which is a Domestic Limited Liability Company that was established in Michigan, on 03/24/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents.

The Board of Directors of Community Care Adult Foster Care & In Home Services LLC., have submitted documentation appointing Roslind Davis as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee designee. The licensee designee and administrator submitted a medical clearance with a statement from a physician documenting the licensee designee's good health, dated 04/20/2026 and verification baseline screening for communicable diseases and records of illness on hiring.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The licensee designee is currently the licensee designee of several other facilities and has many years of experience working as a direct care staff serving individuals with mental illness, developmentally disabilities, aged, and physically handicapped. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The licensee designee also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this **3**-bed facility is adequate and includes a minimum of **1** staff –to- **3** 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 or will not 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, 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 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.

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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this AFC adult small group home (capacity 1-3).



09/16/2026

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Denasha Walker — Date
Licensing Consultant

Approved By:



09/28/2026

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Ardra Hunter — Date
Area Manager