GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 16, 2026

Daniel McNeill
PO Box 68
Fenton, MI 48430

RE: Application #: AS250419875
Serenity Gardens II
109 W Lansing
Gaines, MI 48436

Dear Daniel McNeill:

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 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 (517) 643-7960.

Sincerely,

Sabrina McGowan

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250419875
Licensee Name:	Daniel McNeill
Licensee Address:	110 Lansing St. Gaines, MI 48436
Licensee Telephone #:	(810) 931-8466
Administrator/Licensee Designee:	Daniel McNeill
Name of Facility:	Serenity Gardens II
Facility Address:	109 W Lansing Gaines, MI 48436
Facility Telephone #:	(734) 329-6477
Application Date:	08/29/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/29/2025	On-Line Enrollment
09/02/2025	PSOR on Address Completed
09/02/2025	Contact - Document Sent 1326/RI030 and AFC-100.
10/10/2025	Contact - Document Received 1326/RI030 and AFC-100.
10/10/2025	Comment FP sent to Ashley.
10/14/2025	Inspection Report Requested - Health Invoice#: 1035393
10/14/2025	File Transferred To Field Office
10/21/2025	Application Incomplete Letter Sent
11/17/2025	Inspection Completed-Env. Health: A
01/27/2026	Contact - Document Received
02/24/2026	Contact - Telephone call made Feedback regarding documents received.
09/03/2026	Application Complete/On-site Needed
09/15/2026	Inspection Completed On-site
09/22/2026	Inspection Completed-BCAL Full Compliance
10/16/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Serenity Garden II is located at 109 W. Lansing St., Gaines, MI, within the Village of Gaines. The home is owned by the Licensee, Daniel McNeill.

The home is a 2-story home which also contains a basement that is not finished. It is situated in a residential neighborhood, with ample front, side and rear yard space to be

utilized by the residents, as well as ample driveway and street parking for visitors and staff. The main level of the home contains an entry foyer and sitting area, complete with a sofa and a 4-seat table. Also located on the main level of the home is the living room, kitchen/dining room, 1-full bathroom, complete with a shower, sink and toilet, and Bedroom #1 (located off the living room area of the home). There is a Fire Safety door off the kitchen that leads to a landing area where the medication cart will be stored. Access to the stairwell leading to the basement is also located through this door.

The upstairs level of the home contains a loft area at the top of the stairwell, Bedrooms #2, 3, 4, and 5, as well as 1-full bathroom, complete with a shower, sink and toilet. Bedroom #2 is located on the east side of the home, accessed to the left of the stairwell. The bathroom is located on the west side of the upstairs level, accessed on the other side of the stairwell. There is a hallway leading to Bedrooms #3, 4 and 5, all of which face the south side of the home.

The washer and dryer are located in the basement area of the home. The dryer has a solid metal vent, which is directly vented to the outside. The furnace and hot water heater are also located in the basement. They are enclosed by a 1 ¾ inch solid core door, with a 1-hour fire resistance rating and is equipped with an automatic self-closing device and positive latching hardware. The furnace and plumbing were inspected by the Gaines Township Building and Zoning Department, with an approved inspection dated 11/25/2025. The home is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located on each level of the home. The licensee intends to keep the home's cleaning supplies in an area that is not accessible to residents.

The facility has a private water system; however, sewer system is public. An Environmental Health Inspection was conducted on November 17, 2025, by the Genesee County Health Department. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

The bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Resident Beds
#1	9'2" x 11'6"	105.4 sq. ft.	1
#2	12'11" x 13"	167 sq. ft.	2
#3	10'6" x 13'8"	143.5 sq. ft.	1
#4	11'4" x 10'	113.3 sq. ft.	1
#5	13'5" x 10'3"	137.5 sq. ft.	1

The living, dining room and sitting room areas measure a total of 375 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

There are two (2) independent, unobstructed means of egress, leading to the outside of

this home. The means of egress were measured at the time of the initial inspection and exceeded the 30-inch minimum width requirement. The first exit is located at the north end of the living room and leads to the front porch. The second exit is a patio door styled exit leading directly to the patio located in the rear of the home. The exits are noted in the home's evacuation plan. The required exit doors are equipped with positive latching non-locking against egress hardware. This home is not wheelchair accessible

Based on the above information, it is concluded that this facility can accommodate **six** (**6**) residents. Bedrooms #, 1, 3, 4, and 5 are suitable for single-occupancy, while Bedrooms #2, is suitable for double-occupancy.

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** (6) male ambulatory adults, ages 18-99 whose diagnosis is developmentally disabled, and/or mentally ill, 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. Residents will be referred from local agencies including Community Mental Health, the Department of Health and Human Services, and home health 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, and the responsible agency.

The licensee will ensure that the residents' medical needs are met and has transportation available for residents to access community-based resources and services. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant, Daniel McNeill, 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. Daniel McNeill is named as the licensee designee and administrator.

A licensing record clearance request was completed and approved for licensee/administrator. The licensee /administrator submitted a medical clearance request with statements from a physician documenting his good health and current TB-test negative results.

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. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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), L-1 Identity SolutionsTM (formerly Identix ®), 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 6 resident’s 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

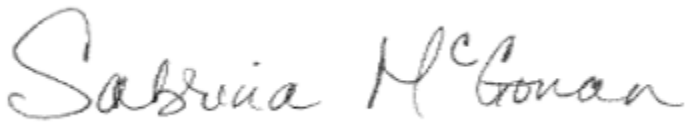
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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 adult small group home (capacity 3-6).



October 16, 2026

Sabrina McGowan — Date
Licensing Consultant

Approved By:



October 16, 2026

Mary E. Holton — Date
Area Manager