



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 29, 2016

Ratiba Mahmoudi & Larry Lehman  
4712 Omar Drive  
Lansing, MI 48917

RE: Application #: AF230380915  
Noura's Natural Life Home  
4712 Omar Drive  
Lansing, MI 48917

Dear Ratiba Mahmoudi & Larry Lehman:

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 2 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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5607

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF230380915

**Applicant Name:** Ratiba Mahmoudi & Larry Lehman

**Applicant Address:** 4712 Omar Drive  
Lansing, MI 48917

**Applicant Telephone #:** 517-974-1286

**Administrator:** Larry Lehman

**Name of Facility:** Noura's Natural Life Home

**Facility Address:** 4712 Omar Drive  
Lansing, MI 48917

**Facility Telephone #:** (517) 974-3070

**Application Date:** 12/22/2015

**Capacity:** 2

**Program Type:** AGED  
DEVELOPMENTALLY DISABLED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

12/22/2015	Enrollment
01/06/2016	PSOR on Address Completed
01/06/2016	Contact - Document Sent Rule & Act booklets
01/06/2016	Application Incomplete Letter Sent Prior names for Ratiba; rec cl for Rachel (RP)
01/12/2016	Contact - Document Received Rec cl for Rachel (RP)
01/12/2016	Lic. Unit file referred for criminal history review Rachel S (RP)
03/21/2016	Application Incomplete Letter Sent
03/22/2016	Contact - Telephone call made TC with Mr. Lehman
06/30/2016	Application Complete/On-site Needed
06/30/2016	Inspection Completed-BCAL Full Compliance
07/29/2016	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two story home in the Delta Township in Lansing, Michigan. The home/facility is owned by Larry J. Lehman and Ratiba Mahmoudi who are the applicants. The home is deeded to Mr. Lehman and Mahmoudi dated 09/13/2013. The facility has a large living room area in which residents can visit with friends/family and participate in private activities. The residents can also watch television and participate in recreational activities in the living room. The facility has approximately 300 square feet of combined living and dining room space. The facility has a basement that contains the laundry facilities and will only be used by staff. There is space for staff and visitor parking in the driveway. The facility has adequate space to meet the needs of all residents.

The main level has a dining area that seats six, a kitchen, a full bathroom and two resident bedrooms. The second level of the home is reserved for use by the Licensee and contains a master bedroom (used by the Licensee) and one full bathroom attached to the master suite. Residents will not use the second level of the home. The measurements and capacity of resident bedrooms are:

Bedroom#1	10 x 10= approx.	100sq. feet	(one resident)
Bedroom#2	10 x 10= approx.	100 sq. feet	(one resident)

The basement of the facility contains the heat plant, water heater and laundry facilities. The basement is separated from the remainder of the facility by a 20-minute fire rated door.

The facility has public water and sewage. The facility is not wheelchair accessible.

## **B. Program Description**

The facility will provide 24 hour supervision, protection and person care for up to two male and female residents aged 18 to 80 that are developmentally disabled, aged and physically handicapped. The program will include the opportunity for socialization with other residents and staff members through board games, puzzles, movies and other social outings. The applicant plans to utilize local community resources including the library and shopping centers to enhance the quality of life and increase the independence of each resident.

A licensing record clearance was completed with no LEIN convictions recorded for the applicants and responsible person. The applicants and responsible submitted medical clearance requests documenting that no physical or mental condition exists that would limit their ability to work with or around vulnerable adults. Current negative TB test results were also obtained for the applicants and the responsible person.

The applicants have sufficient resources to provide for the care of the residents as evidenced by the projected income from the operation of the AFC Home.

The applicants acknowledge the understanding of the requirement that they must reside in the home to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and or each employee prior to starting work in the facility. The applicants report that all the resident and employee files will be kept on site in the facility.

## **C. 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 family home (capacity 1-2).




07/29/2016

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Dawn Campbell  
Licensing Consultant

Date

Approved By:



07/29/2016

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Mary E Holton  
Area Manager

Date