



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 30, 2023

Kelly Burleson  
K & L Assisted Home Care, LLC  
224 Woodhaven Drive  
Lansing, MI 48917

RE: License #: AS230407232  
**K & L Assisted Home Care, LLC**  
**224 Woodhaven Drive**  
**Lansing, MI 48917**

Dear Ms. Burleson:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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) 284-9730.

Sincerely,

*Kevin L Sellers*

Kevin Sellers, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-3704  
[SellersK1@michigan.gov](mailto:SellersK1@michigan.gov)

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS230407232
<b>Licensee Name:</b>	K & L Assisted Home Care, LLC
<b>Licensee Address:</b>	224 Woodhaven Drive Lansing, MI 48917
<b>Licensee Telephone #:</b>	(517) 706-1317
<b>Administrator/Licensee Designee:</b>	Kelly Burleson
<b>Name of Facility:</b>	K & L Assisted Home Care, LLC
<b>Facility Address:</b>	224 Woodhaven Drive Lansing, MI 48917
<b>Facility Telephone #:</b>	(517) 657-3663
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. Purpose of Addendum

The licensee requested to modify the layout of the facility by reducing resident bed capacity from five to four. The licensee occupies bedroom # 3 but is relocating to bedroom # 4. The licensee intends to relocate the single resident occupying bedroom # 4 to bedroom # 3 reducing the resident bed capacity from 5 resident beds to 4 resident beds.

## III. Methodology

11/09/2023 – Contact – Document Received – Received Request for Modification of the Terms of the Registration/License, requesting to reduce resident bed capacity from 5 to 4.

11/17/2023 – Contact – Telephone Contact made with licensee, Kelly Burleson discussing request for Modification of the Terms of the Registration/License.

## IV. Description of Findings and Conclusions

The facility was originally licensed on 12/10/2021 for a capacity of five bedrooms, the applicant occupying one bedroom with single residents in bedroom # 1, bedroom # 2, bedroom # 5 and two residents in bedroom # 4. The licensee has requested modification of terms of reducing resident bed capacity with the licensee moving to bedroom # 4 and one single resident moving to bedroom # 3.

The measurements of the resident bedrooms are the following:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' 6" X 9' 3"	97 sq. ft.	1
2	12' 0" X 9' 3"	111 sq. ft.	1
3	13' 10" X 10' 10"	150 sq. ft.	1
4	12' 7" X 11' 0"	138 sq. ft.	Zero (applicant's bedroom)
5	12' 4" X 11' 0"	136 sq. ft.	1

The indoor living and dining areas measure a total of 269 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this home can accommodate four (4) residents only. It is the licensee's responsibility not to exceed the licensed capacity.

**V. Recommendation**

I approve the licensee's request to change the layout of the facility reducing resident bed capacity from 5 resident beds to 4 resident beds effective 11/17/2023.

*Kevin L Sellers*

11/17/2023

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Kevin Sellers  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

11/30/2023

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Dawn N. Timm  
Area Manager

Date