



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 2, 2024

Sadi Mohamud  
Perimeter Residential INC  
8415 Christine ST  
Warren, MI 48093

RE: Application #: AS500418034  
**Perimeter Residential INC**  
**8415 Christine St**  
**Warren, MI 48093**

Dear Mr. Mohamud:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500418034
<b>Licensee Name:</b>	Perimeter Residential INC
<b>Licensee Address:</b>	8415 Christine ST Warren, MI 48093
<b>Licensee Telephone #:</b>	(763) 346-8685
<b>Administrator/Licensee Designee:</b>	Sadi Mohamud
<b>Name of Facility:</b>	Perimeter Residential INC
<b>Facility Address:</b>	8415 Christine St Warren, MI 48093
<b>Facility Telephone #:</b>	(763) 346-8685
<b>Application Date:</b>	11/10/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

11/10/2023	On-Line Enrollment
11/14/2023	PSOR on Address Completed
11/14/2023	Contact - Document Sent forms sent
11/21/2023	Contact - Document Sent licensee called and requested forms be emailed
03/29/2024	Contact - Document Received 1326/RI-030
04/03/2024	Application Incomplete Letter Sent
04/03/2024	Contact - Document Received Received licensing documents by email from Sadi Mohamud
04/05/2024	Contact - Document Sent Email to Sadi Mohamud
04/12/2024	Contact - Document Received Email from Sadi Mohamud. Sent return email.
04/15/2024	Contact - Document Received Email from Sadi Mohamud
05/02/2024	Contact - Document Received Email from Sadi Mohamud. Sent return email with inspection dates
05/06/2024	Contact - Document Received Email from Sadi Mohamud
05/24/2024	Inspection Completed On-site
05/24/2024	Application Complete/On-site Needed
05/24/2024	Contact - Document Sent Email to Sadi Mohamud
05/24/2024	Contact - Telephone call received Received message from Sadi Mohamud
05/29/2024	Contact - Document Received Email from Sadi Mohamud

05/31/2024	Contact - Document Sent Email to Sadi Mohamud. Received return email.
05/31/2024	Contact - Telephone call made Returned call from contractor Robert re: home repairs
06/10/2024	Contact - Document Received Received emails re: home repairs from Sadi Mohamud. Sent return email.
06/17/2024	Contact- Document Received Email from Sadi Mohamud
06/18/2024	Contact- Document Sent Email to Sadi Mohamud
06/19/2024	Contact- Document Received Email from Sadi Mohamud
06/24/2024	Contact- Telephone call received Received message from Sadi Mohamud
06/26/2024	Contact- Document Sent Email to Sadi Mohamud. Received return email.
07/03/2024	Contact- Document Sent Email to Sadi Mohamud. Received return email.
07/08/2024	Contact- Document Received Received employment letter from Sadi Mohamud by email
07/10/2024	Contact- Document Sent Email to Sadi Mohamud
07/11/2024	Contact- Document Received Email from Sadi Mohamud with TBI training certificate
07/18/2024	Contact- Document Received Email from Sadi Mohamud
07/19/2024	Contact- Document Sent Email to and from Sadi Mohamud
07/22/2024	Contact- Document Sent Email to Sadi Mohamud re: document corrections

07/23/2024	Contact- Document Received Email from Sadi Mohamud with documents.
------------	---

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1924.

#### A. Physical Description of Facility

Perimeter Residential INC is a small adult foster care home located in Warren, MI. The licensee for the home is Perimeter Residential INC. Sadi Mohamud will act as the licensee designee and administrator. A copy of the lease agreement was provided. The home is owned by Naim Ahemed. A letter was provided by Mr. Ahemed dated 02/02/2024 giving permission to inspect the property for licensing. The home has city water and sewer.

Perimeter Residential INC has a capacity of six residents. The home has five bedrooms, kitchen, dining area, family room, three bathrooms and basement. Residents must be ambulatory as the home has two floors. The furnace is in basement. There is a fire door separating the basement and first floor. The exit, bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. The living room and dining room offer a total of 267 square feet of living space which meets the required 35 square feet of living space for six residents.

The five bedrooms in the home are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'1" x 12'0"	121	1
2	11'1" x 8'4"	92	1
3	9'9" x 11'2"	108	1
4	18'4" x 10'1"	184	2
5	12'5" x 11'2"	138	1

**Total capacity: 6**

The bedrooms have adequate space, bedding, storage and a window that opens in case of emergency. All the bedrooms have a chair and a mirror. The refrigerators and freezers are equipped with thermometers. A furnace inspection was completed by Airman Heat & Air LLC on 04/24/2024. The home has a hard-wired smoke detection system with battery backup. There are fire extinguishers located on each floor. The home has two means of egress at the front and back of the home. The home has a

locked medication cart. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

## **B. Program Description**

Perimeter Residential will provide 24-hour care and supervision for residents who have a mental illness, developmental disability, TBI, Alzheimer's/dementia or aged. The home has two floors and is not equipped for resident's who use a wheelchair or are non-ambulatory. Perimeter Residential plans to contract with community mental health for special certification once a license is obtained. The home will assist residents with activities of daily living including bathing, toileting and feeding, as needed, and as included in their individual plan of services. The home will provide meals and snacks, provide laundry and housekeeping services as well as medication management. The facility can provide or arrange transportation for residents to activities and appointments. The home will give residents choices of activities at home and in the community. Activities may include camps, parks, dinners, church activities, movies, crafts and friend and family member interaction.

Sadi Mohamud will act as the Licensee Designee and Administrator for Perimeter Residential INC. Mr. Mohamud has been fingerprinted. He had a medical clearance completed on 12/07/2023 and has no physical/mental condition or health problems that would limit the ability to work with or around dependent adults. Mr. Mohamud had a negative TB test on 12/07/2023. Mr. Mohamud has been employed as the Operator/Manager of Stonecrest Living in Hopkins, Minnesota since October 2020 and provided a letter from the employer. Stonecrest Living is an assisted living facility that serves residents with physical disabilities, TBI, Alzheimer's, behavioral disorders and various mental health conditions. Mr. Mohamud is responsible for ensuring that the care and goals of all clients are met at facility. He was also employed at an Operator at Serenity Care Home in Plymouth, Minnesota from January 2020- August 2021 where he provided care to residents with mental illness and physical disabilities that included assistance with activities of daily living and medication management. Mr. Mohamud was employed as an operator at Milestone Recovery from March 2022- June 2023 where he provided care to residents in transitional living receiving addiction treatment. Mr. Mohamud received his high school diploma from Clarkston High School in Georgia.

Mr. Mohamud acknowledged 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.

Mr. Mohamud acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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](http://www.miltcpartnership.org))

and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mr. Mohamud acknowledged 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 designee can administer medication to residents. In addition, Mr. Mohamud acknowledged that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. Mohamud acknowledged his responsibility to obtain all required 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, Mr. Mohamud acknowledged his responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Mohamud acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mr. Mohamud acknowledged his responsibility to obtain the required 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. Mr. Mohamud will update and complete those forms and obtain new signatures for each resident on an annual basis.

Mr. Mohamud acknowledged his responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Mr. Mohamud acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. A separate Resident Funds Part II BCAL-2319 form 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 licensee designee.

Mr. Mohamud acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights.

Mr. Mohamud acknowledged 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.

Mr. Mohamud acknowledged his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mr. Mohamud acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

Mr. Mohamud acknowledged he has a copy of the licensing rule book for adult foster care small group homes.

### **C. 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 that the department issue a temporary license to this small group adult foster care home, Perimeter Residential INC with a capacity of six (6) residents.



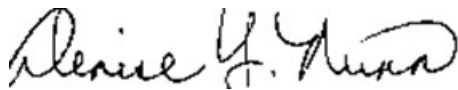
07/24/2024

---

Kristine Cilluffo  
Licensing Consultant

Date

Approved By:



08/02/2024

---

Denise Y. Nunn  
Area Manager

Date