



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 23, 2024

Kimberlee Waddell  
NRMI LLC  
Suite 160  
17187 N. Laurel Park Dr.  
Livonia, MI 48152

RE: Application #: AS630418299  
**Gill Crest**  
**23825 Gill**  
**Farmington, MI 48335**

Dear Ms. Waddell:

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 "Cindy Berry".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
3026 West Grand Blvd  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 860-4475

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418299
<b>Applicant Name:</b>	NRMI LLC
<b>Applicant Address:</b>	160 17187 N. Laurel Park Dr. Livonia, MI 48152
<b>Applicant Telephone #:</b>	(734) 646-1603
<b>Administrator/Licensee Designee:</b>	Kimberlee Waddell
<b>Name of Facility:</b>	Gill Crest
<b>Facility Address:</b>	23825 Gill Farmington, MI 48335
<b>Facility Telephone #:</b>	(734) 646-1603
<b>Application Date:</b>	03/07/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

03/07/2024	Enrollment
03/07/2024	PSOR on Address Completed
03/08/2024	Application Incomplete Letter Sent 1326/RI030
03/08/2024	Contact - Document Sent Forms sent
04/30/2024	Contact - Document Received 1326/AFC 100
04/30/2024	Contact - Document Sent Sent email explaining that I need a new live scan fingerprints completed since one on file is older than 24 months old
05/16/2024	Contact - Document Received RI030, MC
05/29/2024	Application Incomplete Letter Sent
06/06/2024	Contact - Document Received Received documents
06/14/2024	Inspection Completed On-site
06/14/2024	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Gill Crest adult foster care home is located in a residential area in Farmington Hills, MI. The home is a single-story ranch structure with a full basement and attached garage. The first floor of the home consists of a living room, dining room, kitchen, three bathrooms and six bedrooms. The rear entrance/exit of the facility opens to a covered porch and a cement patio – all wheel chair accessible. The facility is fully wheelchair accessible at both entrances and throughout the first floor.

The furnace and hot water heater are located in the basement with a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The facility is served by both public water and sewage systems.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	159	13'10" x 11'6"	1
2	101	10'4" x 9'10"	1
3	128	11'0" x 11'8"	1
4	115	10'6" x 11'0"	1
5	119	12'0" x 9'11"	1
6	167	16'11" x 9'11"	1

**Total capacity: 6**

The indoor living and dining areas measure a total of 1060 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **six (6)** 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, 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 or female ambulatory adults whose diagnosis is physically handicapped or traumatically brain injured (TBI), 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 rehabilitative, social, behavioral, and developmental needs.

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 provide all transportation for program and medical needs. The facility will make provision 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 is NRMI, LLC, which is a “Foreign Limited Liability Company”, was established in Delaware, on 02/01/2016. The applicant 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.

The Board of Directors of NRMI, LLC has submitted documentation appointing Kimberlee Waddell as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the Ms. Waddell. Ms. Waddell submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Waddell provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Ms. Waddell has been the licensee designee for 35 adult foster care facilities and Compliance and Regulatory Affairs Director at Rainbow Rehabilitation Centers since 1995. Ms. Waddell earned a Bachelor of Science from Eastern Michigan University and maintains certifications as a brain injury specialist, behavior management instructor, CPR and First Aid instructor, as well as handle with care trainer.

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 1 to 4 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee 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 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**

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 temporary license to this AFC adult small group home (capacity 1-6).



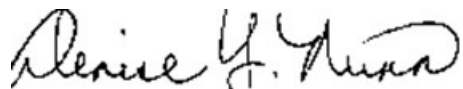
8/22/2024

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Cindy Berry  
Licensing Consultant

Date

Approved By:



08/23/2024

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Denise Y. Nunn  
Area Manager

Date