



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 30, 2024

Jessica Grasl  
30525 Barlow Street  
Farmington Hills, MI 48334

RE: Application #: AF630415719  
**Edgewood Senior Care Home**  
**30525 Barlow Street**  
**Farmington Hills, MI 48334**

Dear Ms. Grasl:

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 "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-308-6012  
Fax: 517-763-0204

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630415719
<b>Licensee Name:</b>	Jessica Grasl
<b>Licensee Address:</b>	30525 Barlow Street Farmington Hills, MI 48334
<b>Licensee Telephone #:</b>	(248) 924-0893
<b>Licensee:</b>	Jessica Grasl
<b>Name of Facility:</b>	Edgewood Senior Care Home
<b>Facility Address:</b>	30525 Barlow Street Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 924-0893
<b>Application Date:</b>	02/22/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODOLOGY

02/22/2023	On-Line Enrollment
03/01/2023	PSOR on Address Completed
03/01/2023	Contact - Document Sent forms sent
07/18/2023	Contact - Document Received RI030, AFC100, IRS letter, Med Clearance
07/27/2023	Contact - Document Received 1326
08/10/2023	Application Incomplete Letter Sent
02/25/2024	Contact - Document Sent Email exchange with applicant, regarding application process and documents needed
02/28/2024	Contact - Document Received Email exchange with applicant
03/03/2024	Contact - Document Received Email exchange with applicant
03/12/2024	Contact - Document Sent Updated Application Incomplete Letter sent, reflecting family home required documents.
05/03/2024	Contact - Document Received Application documents received via email
05/07/2024	Contact - Document Received Email exchange with applicant
06/01/2024	Contact - Document Received Application documents received via email
06/11/2024	Inspection Completed On-site
07/09/2024	Contact - Document Received Facility documents received
07/31/2024	Contact - Document Received Email exchange with applicant/facility documents review

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a colonial-style home, located within the city of Farmington Hills, Michigan. The home consists of a main level and second floor however the second floor is where the applicant resides and will not be accessible to residents nor included in the licensed space of this original licensing study. The main floor consists of four resident bedrooms, one full-size bathroom, one ½ bathroom, a living room, kitchen, dining room and laundry room. Upon entering the home, to the left is a hallway that leads to the living room. Past the living room is a hallway that leads to two resident bedrooms. Directly past the front door is an entryway that leads to the kitchen, dining room, one ½ bath, and an exit door leading to the backyard. Off of the kitchen is a hallway that leads to the laundry room, two additional resident bedrooms, one full-size bathroom, and the furnace room. The home is wheelchair accessible and has two approved means of egress that are equipped with a ramp from the first floor. The home utilizes a public water supply and sewage disposal system.

The home utilizes an electric furnace and hot water heater system, both of which are located on the main floor of the home. The room that contains the furnace and hot water heater is equipped with a 1¾-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' 3" x 12' 5"	168	2
2	15' 3" x 14' 1"	210	2
3	12' 1" x 12' 8"	144	1
4	10' 3" x 12' 8"	120	1

**Total Capacity: 6**

The indoor living and dining areas measure a total of 250 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are aged, physically handicapped, or who have Alzheimer's Disease or related conditions. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation, if applicable. The applicant intends to accept referrals from Oakland County DHS, Oakland County CMH, Veterans Administration or residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

## **C. Applicant and Responsible Person Qualifications**

Criminal history background checks of the applicant, Jessica Grasl and the responsible person, Zacary Grasl, were completed, and they were determined to be of good moral character to provide licensed adult foster care. The Mr. & Mrs. Grasl submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Grasl has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Ms. Grasl acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

Ms. Grasl acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

Ms. Grasl acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home. Ms. Grasl acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Grasl acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Grasl acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Grasl indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Grasl 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.

Ms. Grasl acknowledged the responsibility to obtain the required written assessment, 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 as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Grasl acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident’s file.

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

Ms. Grasl acknowledged that 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 Ms. Grasl.

Ms. Grasl acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. Ms. Grasl indicated intent to respect and safeguard these resident rights.

Ms. Grasl acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

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

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home (capacity 1-6).



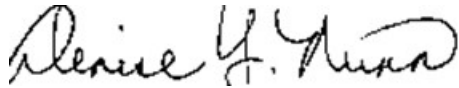
8/29/2024

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



08/30/2024

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Denise Y. Nunn  
Area Manager

Date