



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 5, 2024

Kimberly Smith  
Golden Transition LLC  
bvvg6719 Queen Anne Dr  
West Bloomfield, MI 48322

RE: Application #: AS630418272  
**Golden Transition LLC**  
**32999 W. 14 Mile Rd**  
**Farmington Hills, MI 48334**

Dear Ms. Smith:

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 "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W Grand Blvd, Suite 9-100  
Detroit, MI 48202  
(248) 302-2409

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418272
<b>Licensee Name:</b>	Golden Transition LLC
<b>Licensee Address:</b>	6719 Queen Anne Dr West Bloomfield, MI 48322
<b>Licensee Telephone #:</b>	(313) 404-8985
<b>Administrator/Licensee Designee:</b>	Kimberly Smith
<b>Name of Facility:</b>	Golden Transition LLC
<b>Facility Address:</b>	32999 W. 14 Mile Rd Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(313) 404-8985
<b>Application Date:</b>	02/23/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

02/23/2024	On-Line Enrollment
02/28/2024	PSOR on Address Completed
02/28/2024	Contact - Document Sent Forms sent
03/29/2024	Contact - Document Received 1326/RI030, AFC 100 and copy of app
04/08/2024	Application Incomplete Letter Sent
06/10/2024	Contact - Document Received Licensee designee provided admission policy, discharge policy, program statement, refund policy, job description, staffing pattern, contracts, floor plan, budget, financial statement, staff trainings, emergency repair list, and permission to inspect.
06/18/2024	Application Incomplete Letter Sent Additional information requested
07/09/2024	Contact - Document Received Facility documentation received via email
07/09/2024	Application Incomplete Letter Sent Additional information requested.
10/02/2024	Contact - Document Received Licensee designee submitted personnel policies, high school diploma and resume.
11/26/2024	PSOR on Address Completed No hits.
11/26/2024	Inspection Completed On-site
11/26/2024	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a single level ranch located in the city of Farmington Hills. This facility consists of five resident bedrooms, a laundry room, three full bathrooms, a half bath, a living room, a dining room and a kitchen. This facility is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located on the main floor in the laundry room. The room is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾-inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. As a wander prevention measure the facility is equipped with door alarms on the exterior doors.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. All the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'9" x 9'	98.25	1
2	12'.25" x 11'	134.75	2
3	8'.25" x 11'	90.75	1
4	10'.8" x 12"	129.6	1
5	9'.5" x 10'.9"	103.55	1

**Total capacity: 6**

The living, dining, and sitting room areas measure a total of 914.40 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Golden Transition Adult Foster Care is dedicated to providing a safe, compassionate, and supportive home for individuals 55 and older. Their mission is to enhance the quality of life for their residents by fostering a sense of dignity, respect, and belonging. Golden Transition believes in a person-centered approach that focuses on individual needs, preferences, and strengths, while promoting independence, engagement, and meaningful social interaction.

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 adults whose diagnosis is developmentally disabled, aged, traumatic brain injured, or Alzheimer's. 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 social and behavioral 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 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. This facility is located three miles away from Henry Ford West Bloomfield Hospital which has a 24/7 emergency department.

## **C. Applicant and Administrator Qualifications**

The applicant is Golden Transition LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 10/03/2023. 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.

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

The licensee designee, Ms. Smith provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Since 2013

Ms. Smith has worked as a Certified Nursing Assistant (CNA) and managed the administrative functions as the Director of Operations at Smith's Loving Home Healthcare Services LLC. Ms. Smith also has extensive experience providing direct patient care as a medical assistant.

The staffing pattern for the original license of this six-bed facility is adequate and Ms. Smith includes a minimum of one staff –to- six residents per shift. The applicant, Ms. Smith acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

Ms. Smith acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Smith acknowledges 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.

Ms. Smith 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)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Smith 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, Ms. Smith 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.

Ms. Smith acknowledges her responsibility to obtain all required good 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, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Ms. Smith acknowledges 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. Smith acknowledges her 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. Smith acknowledges her responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Smith acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 the applicant.

Ms. Smith 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.

Ms. Smith 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.

Ms. Smith acknowledges her 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 facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

## VI. RECOMMENDATION

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



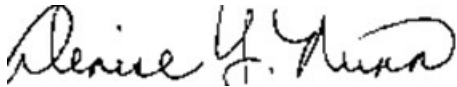
11/26/2024

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Johnna Cade  
Licensing Consultant

Date

Approved By:



12/05/2024

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Denise Y. Nunn  
Area Manager

Date