



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 24, 2025

Zachary & Marissa Martin  
2200 S. Commerce Rd.  
Walled Lake, MI 48390

RE: Application #: AF630418184  
**All in All Care of Michigan**  
**2200 S. Commerce Rd.**  
**Walled Lake, MI 48390**

Dear Mr. and Mrs. Martin:

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 "Sheena Worthy".

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W Grand Blvd, Suite 9-100  
Detroit, MI 48202

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630418184
<b>Applicant Name:</b>	Zachary & Marissa Martin
<b>Applicant Address:</b>	2200 S. Commerce Rd. Walled Lake, MI 48390
<b>Applicant Telephone #:</b>	(810) 588-2695
<b>Administrator/Licensee Designee:</b>	Zachary and Marissa Martin
<b>Name of Facility:</b>	All in All Care of Michigan
<b>Facility Address:</b>	2200 S. Commerce Rd. Walled Lake, MI 48390
<b>Facility Telephone #:</b>	(810) 588-2695
<b>Application Date:</b>	12/28/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

12/28/2023	Enrollment
01/18/2024	PSOR on Address Completed
01/18/2024	Application Incomplete Letter Sent 1326/RI030 for both Licensees, Updated address for both, and AFC 100 for the resp. person
01/18/2024	Contact – Document Sent forms sent
02/05/2024	Contact – Document Received 1326/RI030 for both & SOS updated, AFC 100.
02/15/2024	Application Incomplete Letter Sent A copy of the checklist was sent to the applicant.
03/01/2024	Contact – Document Received I received the warranty deed from the applicant.
08/28/2024	Inspection Completed On-site
08/28/2024	Inspection Completed-BCAL Sub. Compliance After the applicant has made several inquiries about his application despite having instructions about the process, his home was assessed and found to have several rule violations.
08/28/2024	Application Incomplete Letter Sent A confirming letter was emailed to the applicant.
11/11/2024	Contact – Document Received I received pictures verifying the corrections made to the home.
12/05/2024	Contact – Telephone call made A Facetime was held with the applicant to verify the beds in the home. It was determined that all the beds in the home are considered assistive devices.
01/23/2025	Contact – Telephone call made A Facetime was completed to confirm that the appropriate beds are in the home.
01/23/2025	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This home is a single-family ranch style home in Walled Lake, MI. There are six bedrooms, one half bathroom and two full bathrooms. The main entrance is at street level. The main entrance leads to the kitchen. The licensee, Mrs. Martin and her husband will reside in their bedroom which is located near the kitchen area. The kitchen area is an open space that leads to the dining area. The dining area contains a kitchen table with eight chairs. A fire extinguisher is located in the kitchen. There is a full-size medication cart in the kitchen. The living area is adjacent to the kitchen and dining area.

The home is wheelchair accessible. The second means of egress is located in the living area. There is a wood wheelchair ramp attached to the sliding door in the living area. There is parking available in the driveway. The home has city water and sewage. There is no basement in the home. The heating plants are located in the kitchen inside an enclosed door. The heating plant room includes the furnace and water heater. There is a smoke detector inside the heating plant room. There is a smoke alarm in the sleeping area. The smoke alarms are interconnected. The heating plants were inspected on 11/08/24.

The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, chair, mirror, and closet/dresser/wardrobe. The resident's bedroom doors do not have any locks. The resident's bathrooms do not have any locks. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The six resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.42 x 7.5	78.15	1
2	10.92 x 10.5	114.66	1
3	10.42 x 10.92	113.78	1
4	9.92 x 10.92	108.32	1
5	10.58 x 10.92	115.53	1
6	9.92 x 8.5	84.32	1

**Total Capacity: 6**

The living room and dining area measure a total of 439.60 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above-mentioned measurements, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility not to exceed the home licensed capacity.

## **B. Program Description**

On 02/07/24, a joint application was received from Zachary Martin and Marissa Martin for a license to provide adult foster care services in a family home. Mr. and Mrs. Martin intend to provide 24-hour supervision, protection, and personal care for six residents. The population served will consist of physically handicapped, aged, and alzheimers. The home will accept both male and female residents.

The home will encourage the residents to participate in recreational and therapeutic activities provided by the facility. The home will assist residents in accessing resources and activities

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

I received a copy of the warranty deed for the home. Mr. and Mrs. Martin are listed as the tenants on the deed. An evacuation plan and house guidelines were received and approved.

The licensing record clearance request were completed for Mr. and Mrs. Martin with no LEIN convictions recorded. The designated responsible person will be Norman Kjos. An ICHAT request was also completed for Mr. Kjos with no LEIN convictions recorded. Mr. and Mrs. Martin submitted medical clearances with statements from their physician documenting their good health and current TB negative test results. Mr. Kjos also submitted a medical clearance with a statement from his physician documenting his good health and current TB negative test results.

The licensee 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.

The licensee 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.

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

The licensee acknowledged their 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, the licensee acknowledged their responsibility to maintain all required documentation in each employee's record or volunteer and follow the retention schedule for those documents contained within each employee's record.

The licensee 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.

The licensee acknowledged their 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. The licensee also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

The licensee acknowledged their 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.

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

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The licensee indicated that it is her intent to achieve and maintain compliance with these requirements.

The licensee 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. The licensee designee 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 licensee acknowledged their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. The licensee acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

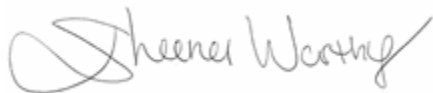
The licensing consultant reviewed the required forms that must be completed for each resident with the licensee.

#### **D. Rule/Statutory Violations**

All in All Care of Michigan was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

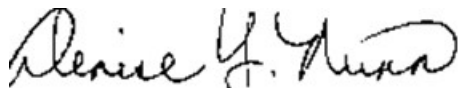
I recommend issuance of a temporary license to this AFC adult small group home (Capacity 1-6)



Sheena Worthy  
Licensing Consultant

01/23/25  
Date

Approved By:



01/24/2025

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Denise Y. Nunn  
Area Manager

Date