



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 28, 2025

Deborah Olatunde  
Empathy Homecare LLC  
22124 W Brandon Street  
Farmington Hills, MI 48336

RE: Application #: AS820418537  
**Empathy Homecare LLC**  
**9391 Pierson Street**  
**Detroit, MI 48228**

Dear Deborah Olatunde:

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 4 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820418537
<b>Licensee Name:</b>	Empathy Homecare LLC
<b>Licensee Address:</b>	9391 Pierson Street Detroit, MI 48228
<b>Licensee Telephone #:</b>	(248) 778-7931
<b>Administrator/Licensee Designee:</b>	Deborah Olatunde, Designee
<b>Name of Facility:</b>	Empathy Homecare LLC
<b>Facility Address:</b>	9391 Pierson Street Detroit, MI 48228
<b>Facility Telephone #:</b>	(248) 778-7931 05/28/2024
<b>Application Date:</b>	
<b>Capacity:</b>	4
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

05/28/2024	On-Line Enrollment
05/30/2024	Contact - Document Sent sent email with instructions on how to complete
06/07/2024	Contact - Document Received Updated application with Additional \$50.00 app fee CHK#77967845604
06/07/2024	PSOR on Address Completed
06/07/2024	Contact - Document Sent forms sent
06/20/2024	Contact - Document Received 1326/ri030, AFC 100
06/25/2024	Application Incomplete Letter Sent
08/16/2024	Contact - Document Received Enrollment documents
09/18/2024	Contact - Telephone call made Enrollment conference
09/19/2024	Contact - Document Received Enrollment documents
09/24/2024	Contact - Document Received Enrollment documents
10/23/2024	Inspection Completed On-site
10/23/2024	Inspection Completed-BCAL Sub. Compliance
10/31/2024	Inspection Completed On-site
12/11/2024	Inspection Completed-BCAL Full Compliance
01/22/2025	Contact - Document Received
01/23/2025	Contact - Document Received
01/27/2025	Contact - Document Received
01/27/2025	Application Complete/On-site Needed

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Empathy Homecare LLC is a three-bedroom, two full bath bungalow style home located in Detroit. The exterior has black brick and white siding with a fenced backyard and detached garage. The two means of egress are the facility's front main entrance and North side door. The main entrance leads into the living and dining room area. The kitchen, two resident bedrooms and full bath are located on the main level; the main bathroom is equipped with a tub and shower. The second level consist of one resident bedroom and a full bath; equipped with a shower. The home utilizes public water and sewage disposal. The facility is not wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The furnace and water heater were recently inspected by an accredited service provider.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
SW	11.58 x 8.66	100.3	1
N	11.08 x 11	122	1
N (second level)	23.08 x 10.08	232.6	2

The living, dining, and sitting room areas measure a total of 302 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** residents. The facility has the space for more than **4** residents. However, the licensee designee is aware the capacity is **4** and cannot to exceed the 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 **four (4)** male or female ambulatory adults whose diagnosis is mentally ill, developmentally disabled, aged or physically handicapped, 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 social and behavioral developmental needs. Residents will be referred from Detroit Wayne Integrated Health Network (DWIHN).

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 Empathy Homecare, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 02/21/2018. 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 Empathy Homecare, L.L.C. has submitted documentation appointing Deborah Olatunde as Licensee Designee for this facility and John Olatunde as the Administrator of the facility.

A licensing record clearance request was completed with no convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this **4-bed** facility is adequate and includes a minimum of **1 staff –to- 4** residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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 –to- resident ratio.

The licensee designee 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's record to demonstrate compliance.

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

The licensee designee 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 licensee designee 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 1-4).



01/28/2025

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Denasha Walker  
Licensing Consultant

Date

Approved By:



01/28/2025

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Ardra Hunter  
Area Manager

Date