



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 20, 2025

Matthew Cortis
Honi Senior Living LLC
11829 N Canton Center Rd.
Plymouth, MI 48170

RE: Application #: AS630418908
Honi Senior Living
1059 Valleyview Drive
Clarkston, MI 48348

Dear Mr. Cortis:

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

License #:	AS630418908
Licensee Name:	Honi Senior Living LLC
Licensee Address:	11829 N Canton Center Rd. Plymouth, MI 48170
Licensee Telephone #:	(716) 704-9185
Administrator/Licensee Designee:	Matthew Cortis
Name of Facility:	Honi Senior Living
Facility Address:	1059 Valleyview Drive Clarkston, MI 48348
Facility Telephone #:	(716) 704-9185
Application Date:	10/15/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

10/15/2024	On-Line Enrollment
10/16/2024	PSOR on Address Completed
10/16/2024	Contact - Document Sent Forms sent
10/23/2024	Contact - Document Received IRS letter
11/04/2024	Application Incomplete Letter Sent I sent a copy of the checklist and examples on how to complete the required documents to the applicant.
11/04/2024	Contact - Document Received I received some of the required documents.
12/06/2024	Contact - Document Sent I emailed a correction letter to the applicant regarding the corrections needed on some of the documents submitted and; which items are missing.
12/09/2024	Contact - Document Received I received corrected documents from the applicant.
12/11/2024	Contact - Document Received I received two more corrected documents.
12/20/2024	Contact - Document Received The last training has been received and all of the paperwork has been approved. An onsite will be scheduled after the new year.
02/11/2025	Inspection Completed-BCAL Sub. Compliance
02/11/2025	Application Incomplete Letter Sent A confirming letter was sent to the applicant.
02/19/2025	Inspection Completed-BCAL Full Compliance The corrections were verified via Zoom meeting.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-family ranch style home in Clarkson, MI. There are six bedrooms, two full bathrooms, and one-half bathroom. The facility has two approved separate and independent means of egress with non-locking against egress hardware. The facility is wheelchair accessible. There is a wheelchair ramp located at the front entrance that leads to street level. The second wheelchair ramps is located in the garage which is considered the second means of egress. There is parking available in the driveway. The facility has city water and sewage. The front entrance is an open space that leads to the living room area, kitchen, and dining area. There is a table in the dining area that includes six chairs.

The heating plants are located in the basement. There are two furnaces and one water heater in the basement. The heating plants were inspected on 12/26/24 and there were some noted concerns. I confirmed during the onsite that the concerns were resolved. There is a fire extinguisher located in the kitchen and in the basement. There is a medication cart located in a closet that includes a biometric lock on the door. There is a smoke alarm located in both sleeping areas. There is also a smoke alarm located in the basement and in every bedroom. The smoke alarms are interconnected. The licensee designee Matthew Cortis is aware that cameras are not allowed in any of the residents bedrooms or bathrooms.

There are thermometers in the refrigerator and freezer. 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. The resident's bedroom doors do not have any locks. The bathrooms are equipped with non-locking against egress hardware. 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	12.17 x 14.42	175.49	1
2	11.92 x 14.42	171.88	1
3	12 x 14.42	173.04	1
4	11.92 x 14.42	171.88	1
5	11.92 x 14.42	171.88	1
6	12 x 14.42	173.04	1

Total Capacity: 6

The living room measure a total of 803.065 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 designee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

A copy of the program statement, admission policy, discharge policy, refund policy, job descriptions, personnel policies, and house rules were reviewed and accepted as written. Honi Senior Living will provide 24-hour supervision, protection, and personal care to six female and/or male residents.

At Honi Senior Living, our purpose is to provide the highest quality of service and care in a compassionate, nurturing surrounding. We are dedicated to creating a supportive, safe home-like environment allowing our residents to enjoy a lifestyle promoting dignity and independence. We will strive to work toward enriching our residents quality of life while being compassionate and by treating everyone with kindness and sincerity. We will create a supportive, safe and nurturing environment while providing exceptional service and the highest quality of care while partnering with families to encourage involvement and support. Honi Senior Living will value our residents knowledge and skill and encourage awareness and learning. We will work together as a team to achieve common goals by providing a loving atmosphere that promotes and encourages all residents and employees to engage their mind and heart.

Honi Senior Living will be coordinating care with community resources such as local home care agencies, hospice agencies, visiting physician groups and durable medical equipment companies in order to enhance the well-being of our residents. The overall goal of Honi Senior Living is to maximize resident independence through a cooperative relationship in a home like setting that protects and encourages resident dignity, choice and decision making. Our desired outcome for our residents is that they maintain and improve their physical, mental, and intellectual functioning and independence.

C. Applicant and Administrator Qualifications

The licensee for the home is Honi Senior Living LLC. Matthew Cortis will act as the licensee designee and the administrator. I received a letter from the owner of the property, C3 Holding Company, LLC. The letter served as confirmation that C3 Holding Company, LLC grants permission to Honi Senior Living LLC to operate an AFC group home. Moreover, C3 Holding Company, LLC provides full access for the State of Michigan to perform required inspections on the premises.

A proposed budget was submitted showing expected 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 Mr. Cortis. Mr. Cortis submitted a medical clearance request with statements from a physician documenting his good health and current TB negative test results.

Mr. Cortis completed trainings for communicable diseases, recipient rights, safety and fire prevention, CPR, first aid, financial administrative and general management, nutrition, and intro to adult foster care - personal care, supervision & protection. Mr. Cortis also provided a copy of his nursing home administrator license which satisfies the requirement of knowledge of the needs of the population to be served training.

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) 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.

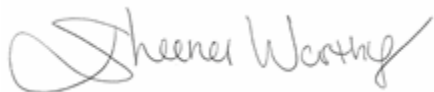
The licensing consultant reviewed the required forms that must be completed for each resident with the licensee.

D. Rule/Statutory Violations

Honi Senior Living was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

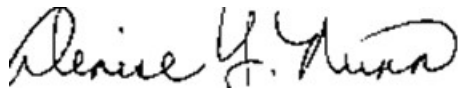
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Sheena Worthy
Licensing Consultant

02/20/25
Date

Approved By:



02/20/2025

Denise Y. Nunn
Area Manager

Date