



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 3, 2025

Linzi Gotham
Ghotra Alf Inc
3820 Sundridge Pl
Saginaw, MI 48603

RE: Application #: AL730418082
Close to Home Assisted Living Saginaw Side 3
2168 N. Center Rd.
Saginaw, MI 48603

Dear Linzi Gotham:

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 20 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL730418082

Applicant Name: Ghotra Alf Inc

Applicant Address: 3820 Sundridge Pl
Saginaw, MI 48603

Applicant Telephone #: (989) 545-8407

Administrator/Licensee Designee: Linzi Gotham

Name of Facility: Close to Home Assisted Living Saginaw Side
3

Facility Address: 2168 N. Center Rd.
Saginaw, MI 48603

Facility Telephone #: (989) 401-3581

Application Date: 11/29/2023

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

12/13/2022	Inspection Completed-Fire Safety : A Please see AL730398657
11/29/2023	Enrollment
11/29/2023	Application Incomplete Letter Sent Requested 1326/RI030
11/29/2023	PSOR on Address Completed
01/30/2024	Contact - Document Received 1326/RI030
03/18/2024	File Transferred To Field Office
04/03/2024	Application Incomplete Letter Sent
01/13/2025	Inspection Completed-Fire Safety: A Reinspection-See previous license AL73098657
02/10/2025	Application Complete/On-site Needed
02/20/2025	Inspection Completed On-site
02/20/2025	Inspection Completed-Env. Health: A
02/26/2025	Inspection Completed-BCAL Full Compliance
02/26/2025	PSOR on Address Completed
03/03/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Close to Home Assisted Living Side 3 is a 20-bed facility, that will be part of three 20-bed licensed facilities. The facility, once a former school, is a single-story solid brick building, in a circular shape. The property is owned by the applicant, Ghotra Alf Inc.

Close to Home Assisted Living Side 3 is located at 2168 North Center Road, in the Township of Saginaw, MI 48603. The facility is connected through corridors to Close to Home Assisted Living Sides 1 and Side 2. Zoning Authority approval was granted to Close to Home Assisted Living Side 3, by Saginaw Charter Township, on May 2, 2019. The buildings entry and parking are located on the South side of the building. There is ample parking space for visitors and staff.

Close to Home Assisted Living Side has 16 bedrooms. There is an individual forced air gas furnace in each room that will allow staff to regulate the room temperature to the preference of each resident. Four **(4)** of the rooms have full private bathrooms (sink, toilet, shower). The remaining **(12)** rooms contain adjoining 1/2 bathrooms (sink, toilet). There are also 2 full bathrooms available for all residents' use.

The furnace and hot water heater are located in the maintenance room. The maintenance room has a self-closing, 1-3/4-inch solid core door and is constructed of material that has a 1-hour-fire-resistance rating. 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 Office of Fire Safety gave Close to Home Side 1 a full approval, 'A' rating, on January 13, 2025.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
3-35	13.4" X 18'9"	253.2	1
3-36	13.4" X 18'9"	253.2	1
3-37	13.4" X 18'9"	253.2	1
3-38	13.4" X 18'9"	253.2	2
3-39	13.4" X 18'9"	253.2	1
3-40	13.4" X 18'9"	253.2	1
3-41	13.4" X 18'9"	253.2	1
3-42	13.4" X 18'9"	253.2	1
3-43	113.4" X 18'9"	253.2	1
3-44	13.4" X 18'9"	253.2	1
3-45	13.4" X 18'9"	253.2	1
3-46	12'8" X 18.9	241.9	1
3-47	13.4" X 18'9"	253.2	1
3-48	13.4" X 18'9"	253.2	1
3-49	12.8" X 18'9"	241.9	2
3-50	29'10" X 12'8"	372.4	3

The living, dining, and sitting room areas measure a total of 787 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This facility is ground level and wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The facility has three (3) separate and independent, ground level means of egress, to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

An environmental health inspection was conducted on 02/20/2025, at which time the facility met all applicable rules relating to environmental health and safety. The facility has a public water and sewage system.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407. Based on the above information, it is concluded that this facility can accommodate twenty (20) residents.

B. Program Description

The applicant, Ghotra Alf Inc, submitted a copy of the required documentation. 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 twenty (20) male or female adults, ages 18-99, who are Physically Handicapped, Developmentally Disabled, Aged, and Traumatic Brain Injuries (TBI).

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.

Ghotra Alf Inc will ensure that the residents' transportation for program and medical needs are met. Ghotra Alf Inc will provide transportation to transport residents to access community-based resources and services.

In addition to the above program elements, 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, Ghotra Alf Inc, is a Domestic Limited Liability Company, established in Michigan on November 21, 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.

Linzi Gotham has been designated as Licensee Designee and Administrator for this facility. A licensing record clearance request was completed and approved for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results. The licensee designee/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 20-bed facility is adequate and includes a minimum of 2-staff-to-20 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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 applicant 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

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

The applicant 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 applicant 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 related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

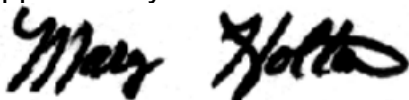


March 3, 2025

Sabrina McGowan
Licensing Consultant

Date

Approved By:



March 3, 2025

Mary E. Holton
Area Manager

Date