



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 18, 2025

Cyle Pickett
Amor Memory Care of Novi Inc.
405 W Greenlawn Ave
G11 1232
Lansing, MI 48910

RE: Application #: AS630418307
Amor Novi
41600 Borchart Dr
Novi, MI 48375

Dear Cyle Pickett:

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 "Kristen Donnay".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630418307
Licensee Name:	Amor Memory Care of Novi Inc.
Licensee Address:	405 W Greenlawn Ave G11 1232 Lansing, MI 48910
Licensee Telephone #:	(248) 986-4546
Licensee Designee/Administrator:	Cyle Pickett
Name of Facility:	Amor Novi
Facility Address:	41600 Borchart Dr Novi, MI 48375
Facility Telephone #:	(248) 986-4546
Application Date:	03/11/2024
Capacity:	6
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

03/11/2024	On-Line Enrollment
03/20/2024	PSOR on Address Completed
03/20/2024	Contact - Document Sent forms sent
03/20/2024	Inspection Report Requested - Fire
03/20/2024	Contact - Document Sent Fire Safety String sent
03/27/2024	Contact - Document Received Received docs from Candace via email
04/19/2024	Application Incomplete Letter Sent
04/23/2024	Contact - Telephone call received From applicant- renovations in progress on home, anticipated completion this summer
12/26/2024	Contact - Document Received Email from licensee designee re: changing facility name and admin
12/27/2024	Contact - Document Sent Email to applicant re: sent AFC-100 for administrator
02/06/2025	Contact - Document Received Email from applicant- re: renovations to facility are nearing completion, Cyle Pickett will be admin. and licensee designee
02/06/2025	Contact - Telephone call received From applicant re: timeline for onsite inspection/licensure
02/06/2025	Contact - Document Sent Sent fingerprinting and medical clearance form for LD/Admin.
02/11/2025	Contact - Document Received Licensee designee qualifications, program statement, admission and discharge policy
02/13/2025	Contact - Document Received Letter appointing Cyle Pickett as licensee designee and administrator

03/11/2025	Contact - Document Received Proof of ownership/permission to inspect
03/12/2025	Inspection Completed On-site
03/12/2025	Inspection Completed-BCAL Full Compliance
03/13/2025	Application Incomplete Letter Sent Requested missing documentation
03/14/2025	Contact - Document Received Updated medical clearance, revised personnel policies, budget, staffing pattern
03/14/2025	Application Complete

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Amor Novi is located in a residential area at 41600 Borchart Dr., Novi, MI 48375. The home is a single story, ranch style home with no basement. The first floor of the home consists of a living room, dining room, kitchen, laundry room, six bedrooms, and two bathrooms.

Amor Novi is located within five miles of Henry Ford Providence Novi Hospital, which includes a 24/7 emergency department. The Novi police department will respond to emergency calls from the home. There are several places of worship, parks, local shopping centers, and dining options located in the community for convenient day trips with family members.

The home has a tankless hot water heater located in the laundry room, which is equipped with a 1¾ inch solid core door with an automatic self-closing device and positive latching hardware. The furnace is located in a utility closet that is also equipped with a 1¾ inch solid core door with an automatic self-closing device and positive latching hardware. The home was recently renovated and passed all inspections completed by the city of Novi, including plumbing, heating, electrical, and mechanical inspections. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which is fully operational. The home has public water and sewer.

The bedroom, bathroom, and egress doors are equipped with positive latching, non-locking against egress hardware. All of the bedrooms have adequate space, bedding, and storage. The refrigerator and freezer are equipped with thermometers. I measured the water temperature with a digital thermometer, and it was between 105-120° F. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The home has two primary means of egress, which lead directly to firm-surfaced, unobstructed ground which allows the occupants to move a safe distance away from the building. The home is qualified for admission of residents who use a wheelchair.

Bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.3 x 9.3	114.4	1
2	10.2 x 8.4	85.7	1
3	9.6 x 9.6	92.2	1
4	12.6 x 9.8	122.5	1
5	11.5 x 9.8	112.7	1
6	11.9 x 9.3	110.7	1

Total capacity: 6

The living room and dining room areas offer over 504 square feet of living space, which exceeds the required 35 square feet of living space for six residents.

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

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for Amor Novi were reviewed and accepted as written. Amor Novi will provide supervised services 24 hours per day, seven days a week for male and female residents over the age of 65 with physical disabilities, dementia, and/or Alzheimer's disease. The goal of Amor Novi is to enhance the quality of life for residents by providing compassionate assistance with daily living activities. Amor Novi aims to create a nurturing environment where residents feel safe, loved, and encouraged.

Amor Novi will provide 24-hour care and assistance with daily living tasks, including bathing, grooming, eating, and more. Residents will benefit from meals, activities, laundry, and housekeeping services. Staff will monitor vital signs daily and assist with medication administration and meal preparation. Amor Novi will also utilize local

community resources for recreational activities including public parks, libraries, local museums, shopping centers, and churches.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

C. Applicant and Administrator Qualifications

The applicant is Amor Memory Care of Novi Inc. which is a “Domestic Profit Corporation” established in Michigan on 11/09/2023. Ashutosh Karki is the president of the corporation and the owner of the home. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Amor Memory Care of Novi Inc. has appointed Cyle Pickett as the licensee designee and administrator of the facility.

Criminal history background checks of Mr. Pickett were completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Pickett submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Mr. Pickett has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Pickett has a Bachelor of Science degree in long term care administration and has worked in the fields of home health care and adult foster care since 2007. Mr. Pickett began his career as a direct care staff, providing direct care, personal hygiene, medication management and supervision/protection to the aged population and meets the qualification requirements. Mr. Pickett has 17 years of experience working with the aged and vulnerable adult population. Mr. Pickett was previously approved and is currently acting as the licensee designee and administrator of the licensed adult small group home, The Franklin House (AS630418745).

The proposed staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

Mr. Pickett 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.

Mr. Pickett acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Mr. Pickett acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Mr. Pickett 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.

Mr. Pickett acknowledged the 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, Mr. Pickett acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

Mr. Pickett acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mr. Pickett acknowledged the 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 as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mr. Pickett acknowledged the 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.

Mr. Pickett acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Pickett acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 residents’ personal money transactions that have been agreed to be managed by Amor Memory Care of Novi Inc.

Mr. Pickett acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights and indicated the intent to respect and safeguard these resident rights.

Mr. Pickett acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

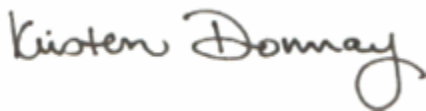
Mr. Pickett acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care facility, Amor Novi, with a capacity of six residents.

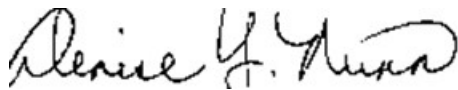


03/14/2025

Kristen Donnay
Licensing Consultant

Date

Approved By:



03/18/2025

Denise Y. Nunn
Area Manager

Date