



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 17, 2025

Heather Luni  
Ashia Denise Moore  
Gesher Human Services, LLC  
29699 Southfield Road  
Southfield, MI 48076

RE: Application #: **AS630418469**  
**Jerome**  
**24330 Jerome St**  
**Oak Park, MI 48237**

Dear Ms. Luni and Ms. Moore:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-308-6012  
Fax: 517-763-0204

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418469
<b>Licensee Name:</b>	Gesher Human Services, LLC
<b>Licensee Address:</b>	29699 Southfield Road Southfield, MI 48076
<b>Licensee Telephone #:</b>	(248) 559-5000
<b>Administrator:</b>	Ashia-Denise Moore
<b>Licensee Designees:</b>	Ashia-Denise Moore Heather Luni
<b>Name of Facility:</b>	Jerome
<b>Facility Address:</b>	24330 Jerome St Oak Park, MI 48237
<b>Facility Telephone #:</b>	(248) 546-5611
<b>Application Date:</b>	05/13/2024
<b>Capacity:</b>	4
<b>Program Type:</b>	MENTALLY ILL

## II. METHODOLOGY

05/13/2024	On-Line Enrollment
05/14/2024	PSOR on Address Completed
05/14/2024	Lic. Unit file referred for background check review Red Screen for Heather Luni sent CPS memo to Candace.
05/14/2024	Contact - Document Sent forms sent
07/10/2024	Contact - Document Received 1326. Needs FPS
08/21/2024	Contact - Document Received RI030 for Heather
08/21/2024	Licensing Unit file referred for background check review ICHAT HIT on Heather
09/10/2024	Contact - Document Received 1326/RI030 & Updated app
09/19/2024	Contact - Document Received Email exchange with applicant
09/24/2024	Application Incomplete Letter Sent
09/26/2024	Contact - Document Sent Email exchange with applicant
11/05/2024	Contact - Document Received Application documents received via email
01/30/2025	Inspection Completed On-site
01/30/2025	Contact - Document Received Additional application documents received via email
01/30/2025	Inspection Completed-BCAL Full Compliance
01/30/2025	Application Complete/On-site Needed
02/11/2025	Contact - Document Received Application documents received via email

02/24/2025	Contact - Document Received Additional documents received via email
03/04/2025	Contact - Document Sent Email exchange with applicant

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch-style home with a basement. The home is located in the city of Oak Park, Michigan. The home consists of a main floor and a basement. The basement will be accessible to residents for laundry purposes only. The main floor consists of three resident bedrooms, and two full-size bathrooms. Upon entering the home, the living room is the first room entered. To the right of the living room are the kitchen, dining area and a door leading to the basement and exterior of the home. To the left of the living room is a hallway that leads to three resident bedrooms, two full-size bathrooms, and the staff office area. The home is not wheelchair accessible and does not have two approved means of egress that are equipped with a ramp from the first floor. The home utilizes public water supply and sewage disposal system.

The home utilizes gas for the water heater and furnace, which are both located in the basement, and are equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14 x 14	196	2
2	10 x 13	130	1
3	11 x 16	170	1

**Total capacity: 5**

The indoor living and dining areas measure a total of 400 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to four male and/or female residents who are mentally ill. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Oakland County DHS, Oakland CMH, Veterans Administration or residents with private sources for payment.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

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

The applicant is Gesher Human Services, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 4/3/2023. 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.

The members of Gesher Human Services, L.L.C. have submitted documentation appointing Heather Luni and Ashia Denise-Moore as licensee designees for this facility and Ashia Denise Moore as the administrator of the facility.

Criminal history background checks of Ms. Luni and Ms. Moore were completed, and they were determined to be of good moral character to provide licensed adult foster care. Ms. Luni and Ms. Moore submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Luni and Ms. Moore have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Luni has been working with the adult foster care population for over 20 years. During this time,

Ms. Luni has provided both direct care and management oversight to the adult foster care population. Ms. Luni currently is the district director for the southeast region of Gesher Human Services adult foster care homes. Ms. Moore has Bachelor of Science and Master of Science Degree, both in healthcare administration. Ms. Moore began her career as a direct care staff at an adult foster care facility in 2013, providing direct care to the adult foster care population. Over the last 12 years, Ms. Moore has continued to with the AFC population on both a direct care and administrative level, currently overseeing four licensed adult foster care facilities within the State of Michigan.

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

Ms. Luni and Ms. Moore 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.

Ms. Luni and Ms. Moore acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Luni and Ms. Moore acknowledged 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Luni and Ms. Moore acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by Ms. Luni and Ms. Moore will administer medication to residents. In addition, Ms. Luni and Ms. Moore have indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Luni and Ms. Moore 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, Ms. Luni and Ms. Moore acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

Ms. Luni and Ms. Moore acknowledge 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.

Ms. Luni and Ms. Moore 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.

Ms. Luni and Ms. Moore acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Luni and Ms. Moore 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 applicant.

Ms. Luni and Ms. Moore 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. Ms. Luni and Ms. Moore indicated the intent to respect and safeguard these resident rights.

Ms. Luni and Ms. Moore 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.

Ms. Luni and Ms. Moore 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.

Ms. Luni and Ms. Moore acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### IV. RECOMMENDATION

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



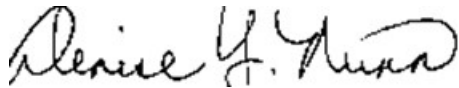
4/8/2025

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



04/17/2025

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Denise Y. Nunn  
Area Manager

Date