



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 15, 2025

James McNeary  
Prentis Loft LLC  
2147 Harding Street  
Detroit, MI 48214

RE: Application #: AS820418754  
**Harding Home**  
**2143 Harding Street**  
**Detroit, MI 48214**

Dear Mr. McNeary:

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 3 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 cursive script that reads "L Stevens".

LaKeitha Stevens, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3055

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820418754
<b>Licensee Name:</b>	Prentis Loft LLC
<b>Licensee Address:</b>	2147 Harding Street Detroit, MI 48214
<b>Licensee Telephone #:</b>	(313) 333-5192
<b>Administrator/Licensee Designee:</b>	James McNeary, Designee
<b>Name of Facility:</b>	Harding Home
<b>Facility Address:</b>	2143 Harding Street Detroit, MI 48214
<b>Facility Telephone #:</b>	(313) 333-5192 08/16/2024
<b>Application Date:</b>	
<b>Capacity:</b>	3
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/16/2024	On-Line Enrollment
08/19/2024	PSOR on Address Completed
08/19/2024	Contact - Document Sent
09/09/2024	Contact - Telephone call received licensee called and is updating application to small home; sending in additional \$50 and updated application
10/01/2024	Contact - Document Received updated application
10/23/2024	Application Incomplete Letter Sent
11/04/2024	PSOR on Address Completed
03/06/2025	Inspection Completed On-site
03/06/2025	Inspection Completed-BCAL Sub. Compliance
04/09/2025	Application Complete/On-site Needed
04/09/2025	Inspection Completed On-site
04/09/2025	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Harding Home is in Detroit and county of Wayne. The home is a brown/red brick two family flat home with basement. The home has no garage and an outside shed. The home consists of three bedrooms, living room, dining room and one full bathroom. All the bedrooms are on the main floor.

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. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (N)	10.33 X 9.75	100	1
2 (NW)	10.42 X 9.58	99	1
3 (W)	10.33 X 9.17	94	1

The living, dining, and sitting room areas measure a total of 355 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 **three (3)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This facility is not wheelchair accessible.

#### 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 **three (3)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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.

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 Prentis Loft, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/16 /2021. 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 Prentis Loft, L.L.C. has submitted documentation appointing James McNeary as Licensee Designee and Administrator of the facility.

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

The licensee designee has 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 \_3-bed facility is adequate and includes a minimum of 1 staff –to- 3 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 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.

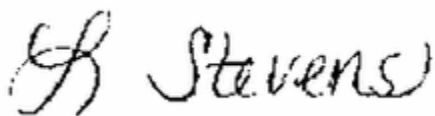
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 3).



04/09/2025

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LaKeitha Stevens  
Licensing Consultant

Date

Approved By:



04/15/2025

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Ardra Hunter  
Area Manager

Date