



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2025

Cassandra Strode
Florence Haven LLC
19497 Cheyenne
Detroit, MI 48235

RE: Application #: AS820418915
Florence Haven
16035 Allen Rd.
Southgate, MI 48195

Dear Mrs. Strode:

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 5 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) 456-0439.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820418915

Applicant Name: Florence Haven LLC

Applicant Address: 873 Lakewood
Detroit, MI 48215

Applicant Telephone #: (317) 965-0915

Administrator/Licensee Designee: Cassandra Strode, Designee

Name of Facility: Florence Haven

Facility Address: 16035 Allen Rd.
Southgate, MI 48195

Facility Telephone #: (734) 258-8073

Application Date: 10/16/2024

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

10/16/2024	Enrollment
10/16/2024	PSOR on Address Completed
10/16/2024	Application Incomplete Letter Sent
10/18/2024	Contact - Document Received 1326/RI030, AFC 100
10/21/2024	Application Incomplete Letter Sent
10/23/2024	Contact - Document Received
10/28/2024	Contact - Document Received
11/20/2024	Contact - Document Sent
12/16/2024	Contact - Document Received
01/31/2025	Contact - Document Received
01/31/2025	Application Complete/On-site Needed
03/11/2025	Inspection Completed On-site
03/11/2025	Inspection Completed-BCAL Sub. Compliance
05/13/2025	Inspection Completed-BCAL Full Compliance
05/13/2025	SC-Application Received - Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Florence Haven is located in the city of Southgate in the county of Wayne. The home is a gray vinyl sided ranch with a fenced in backyard. The home consists of 3 bedrooms and 2 full bathrooms. One of the full bathrooms is connected to a two-bed resident bedroom and will only be used by the residents who reside in that room. The home does not have a basement or garage. The living room and den area measure a total of

355 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The home is not wheelchair accessible.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating and is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace and hot water heater were inspected on 11/09/24 and both are in good working condition. 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 smoke detection system was inspected on 02/18/25.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'6"x13'7"	142 sq. ft.	2
2	10'7"x 10'10	115 sq. ft.	1
3	10'9"x11'10" + 2'6"x 2'9"	133 sq. ft.	2

Based on the above information, it is concluded that this facility can accommodate **five (5)** 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 the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, personal care in addition to room and board to five (5) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill and aged 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 necessary.

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 applicant 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/licensee is Florence Haven, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 07/03/17. 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 Florence Haven, L.L.C. has submitted documentation appointing Cassandra Strode as Licensee Designee and Gary Strode as Administrator for this facility.

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

The licensee designee and 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 5-bed facility is adequate and includes a minimum of 1 staff –to- 5 residents per shift. All staff shall be awake during sleeping hours. The licensee designee is aware that staffing levels may increase based on the needs of the residents.

The licensee designee 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 licensee designee 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), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

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

The licensee designee 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 licensee designee 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 licensee designee 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

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 temporary license to this AFC adult small group home (capacity 1-5).



05/20/25

Pandrea Robinson
Licensing Consultant

Date

Approved By:



05/21/25

Ardra Hunter
Area Manager

Date