



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 28, 2025

Prabhjot Singh
Park Place OPCO LLC
PO BOX 1568
Portage, MI 49081

RE: Application #: AL390418617
Park Place Senior Living A
4214 S Westnedge Ave
Kalamazoo, MI 49008

Dear Prabhjot Singh:

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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL390418617
Licensee Name:	Park Place OPCO LLC
Licensee Address:	4218 S Westnedge Ave Kalamazoo, MI 49008
Licensee Telephone #:	(269) 329-8187
Licensee Designee:	Prabhjot Singh
Administrator:	Janet White
Name of Facility:	Park Place Senior Living A
Facility Address:	4214 S Westnedge Ave Kalamazoo, MI 49008
Facility Telephone #:	(269) 329-8187
Application Date:	06/26/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

06/26/2024	On-Line Enrollment
07/05/2024	PSOR on Address Completed
07/05/2024	Contact - Document Sent - forms sent
07/30/2024	Contact - Document Received - 1326/RI030
08/05/2024	File Transferred To Field Office
08/07/2024	Application Incomplete Letter Sent - Sent via email
09/05/2024	Contact - Document Sent - Reviewed management agreements.
10/15/2024	Contact - Document Sent - Sent email to LD requesting update on application incomplete letter.
10/22/2024	Contact - Document Sent - Sent another email to LD requesting update on application incomplete letter.
10/31/2024	Inspection Completed-Fire Safety : A - Approved
11/10/2024	Contact - Document Received - Received the following: training info for Administrator, updated zoning info, program statement, staffing pattern, layout, admission/discharge/refund policies, org chart, job descriptions.
11/11/2024	Contact - Document Received - Received via email: Administrator medical/TB and additional training.
11/12/2024	Contact - Document Sent - Sent another application incomplete letter highlighting information I needed to process enrollment. Included blank application and blank medical clearance form.
11/18/2024	Contact - Document Received - Received via email new application reflecting Administrator, resume as an applicant, organization chart, staffing pattern.
11/20/2024	Contact - Document Received - Medical clearance and TB for Administrator
11/20/2024	Contact - Document Received- Alzheimer's statement
11/22/2024	Contact - Document Received - Received evac procedures, boiler inspections, fire alarms inspections, and updated floor plans.

11/27/2024	Contact - Document Received - zoning approval
12/02/2024	Contact - Document Received – Updated admission/discharge/refund policies
12/03/2025	Contact – Document Received - Administrator BCHS 100 form and updated personnel policies
12/11/2025	Contact – Document Received - Heating and smoke detector inspections, updated resident admission/discharge/refund policy, LD's education and experience verification
12/12/2025	Contact – Document Received - Copy of land contract agreement
12/16/2025	Contact – Document Received - LD's medical/TB test, additional training verification.
12/18/2025	Contact – Document Received - LD required trainings.
12/19/2025	Contact – Document Received - Electrical inspection
12/19/2025	Application Complete / On-site Needed
12/19/2025	Inspection Completed On-site
12/19/2025	Confirming Letter Sent – sent via email.
05/14/2025	Inspection Completed On-site
05/14/2025	Inspection Completed-Env. Health : A - Facility located within the City of Kalamazoo. Consultant conducted environmental health inspection.
05/22/2025	Inspection Completed-BCAL Full Compliance
05/28/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story building set back approximately 300 feet from an arterial road, which connects Kalamazoo, Michigan and Portage, Michigan. The facility is located approximately five minutes to I-94 highway and approximately 10 minutes to downtown Kalamazoo. The facility is also within a five minute drive to numerous restaurants and fast food, shopping centers, retail stores, banks, and local attractions. Due to the facility's urban location, it utilizes both public sewer and water. Zoning approval, dated 11/27/2024, was submitted by the applicant documenting the City of Kalamazoo's Community Planning and Economic Development permits the building to be an adult foster care large group facility. It should be noted, the facility is within approximately 50 feet to four additional adult foster care large group home facilities creating a "campus" like setting. The applicant purchased and intends to operate the additional four facilities as licensed adult foster care facilities for the aged population. On 12/04/2024, the applicant entered into a land contract with Baruch SLS, Inc. A copy of this land contract is on file. The applicant will solely be responsible for the administration and operation of the facility and providing care to the residents of the facility.

The front of the facility has a concrete ramp. Each side exit of the facility has a threshold ramp to a concrete sidewalk leading to the facility's parking lots. The back exit of the facility also has a threshold ramp to a concrete path, which circles to the left side of the facility where it also exits to the facility's parking lot. Subsequently, the facility is wheelchair accessible because there are at least two wheelchair accessible exits.

Upon entering the facility, there is a staff office area to the left and a 17'1"x 24'11" dining room area immediately to the right. The facility's kitchen is located off the dining room area. Though this kitchen has a refrigerator, stove, oven, microwave, sink, dishwasher, storage and utensils, the facility's food will be prepared in a commercial kitchen within a neighboring facility on the campus. Food will be transported over by direct care staff and served to residents. A medication room and staff office are located between the facility's dining room and living areas. A bathroom that can be used by staff, visitors and residents is next to the medication room. This bathroom consists of a toilet, sink and wheelchair accessible shower. Just beyond this space is a hallway to the left and a hallway to the right. Each hallway has resident bedrooms, and each resident bedroom has its own bedroom area, living space, and bathroom. Each bathroom within the resident bedroom consists of a sink, toilet, and stand-up shower. Each bathroom also has a mechanical fan for ventilation. Additionally, each resident bedroom has its own electric split unit for air conditioning.

The hallway to the left also consists of a storage room with the facility's sprinkler system. The hallway to the right consists of the facility's mechanical room with the facility's boiler, the laundry room, and another door to the facility's kitchen. The laundry room consists of electric washers and dryers. The facility's living room, which measures

31'5" x 22'6", is just beyond the medication room and staff office. Off the living room is an exit door leading to the facility's back yard. The backyard consists of a concrete patio with a winding path to a neighboring facility and to the facility's front parking lot. Both facilities share a backyard and are enclosed within a four foot chain link fence that is non locking against egress.

At the end of each hallway are exit doors, which open to the facility's enclosed backyard. The left hallway exit door exits to a concrete walkway near a chain link gate, which opens into the facility's parking lot. The right hallway exit door exits to another concrete walkway and to a side parking lot.

It should be noted all four exit doors in the facility have 15 second delayed egress, which has been approved by Bureau of Fire Services. Each door also has a key pad where staff enter a code allowing entry and exiting of the facility.

The facility's boiler, which also heats the facility's water, is located on the main floor in a mechanical room. The boiler room is constructed of materials that provide a 1-hour-fire-resistance rating. Additionally, the boiler room doors are at least 1-3/4 inch solid core doors in fully stopped frames, equipped with an automatic self-closing devices and positive-latching hardware. On 04/15/2024, a licensed mechanical contractor inspected the facility's boiler system and determined the boiler was functioning properly and in good working condition.

The facility is equipped with an approved pull station alarm system and a sprinkled system is installed throughout. On 10/31/2024, the Bureau of Fire Safety determined the facility was in substantial compliance with Bureau of Fire Safety rules and regulations; however, this report is connected to license # AL390007089 when the facility was operating under a different licensee.

On 12/17/2024, a licensed electrician inspected the facility's electrical system and determined the electrical system was functioning properly and in good condition.

Resident bedrooms #15 and #17 are connecting bedrooms. Each of these rooms have an interior door leading to the adjoining room. Each room is large enough for two residents or both rooms could be utilized for spouses. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'3" x 14'4"	161 sq ft	1
2	11'3" x 14'4"	161 sq ft	1
3	11'3" x 14'4"	161 sq ft	1
4	11'3" x 14'4"	161 sq ft	1
5	10'11" x 12'4"	134 sq ft	1
6	11'1"x 14'4"	158 sq ft	1
7	11'1"x 14'4"	158 sq ft	1

8	11'1" x 14'4"	158 sq ft	1
9	11'1" x 14'4"	158 sq ft	1
10	11'1" x 14'4"	158 sq ft	1
11	11'1" x 14'4"	158 sq ft	1
12	11'1" x 14'4"	158 sq ft	1
13	11'1" x 14'4"	158 sq ft	1
14	11'1" x 14'4"	158 sq ft	1
15	11'1" x 11'2" + 11'2" x 10'9"	243 sq ft	1 or 2
16	11'1" x 14'4"	158 sq ft	1
17	11'2" x 22'3"	248 sq ft	1 or 2
18	11'1" x 14'4"	158 sq ft	1

The living, dining, and sitting room areas measure a total of 1,131 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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.

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 **twenty** (20) male or female ambulatory adults whose diagnosis is aged or Alzheimer's, Dementia, or similar diagnosis, and physically handicapped in the least restrictive environment possible. This program statement will be provided to residents and/or their designated representatives as a requirement of Public Act 218 Sec 26b.

The facility's program will include activities relating to dressing, bathing, toileting, passing medication, interacting with staff and other residents, serving and preparing meals, daily housekeeping and laundry, as well as other basic care needs. The facility's direct care staff will display competencies in reporting requirements, cardiopulmonary resuscitation (CPR)/1st aid, personal care, supervision and protection, resident's rights, safety and fire prevention, prevention and containment of communicable diseases, medication guidelines, and resident safety. The applicant intends to accept residents from local area agencies on aging, senior service agencies, or private pay as referral sources.

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 transportation for program and medical needs, as agreed upon in the Resident Care Agreement. 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 libraries, pastoral visits, churches, and local attractions.

C. Rule/Statutory Violations

The applicant is Park Place OPCO LLC which is a “Domestic Limited Liability Company”, which was established in Michigan, on 06/25/2024. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. He also stated he has the financial capability to operate this adult foster care facility.

Prabhjot Singh is the sole member of Park Place OPCO LLC and is identified as the facility’s licensee designee. Prabhjot Singh provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Prabhjot Singh has a Bachelor of Science and Master in Business Administration. Since 2019, Prabhjot Singh has managed and worked in senior living facilities in both North Carolina and Michigan by not only managing daily operations such as resident care, medication management, activities, and transportation, but also directing and supervising direct care staff, maintaining facility records, and ensuring compliance with state and federal regulations.

Prabhjot Singh appointed Janet White as the Administrator of the facility. Janet White provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Janet White has over six years of experience as an administrator to local adult foster care facilities providing care to aged residents. She has experience providing direct care to residents, managing direct care staff, and overseeing resident records.

Licensing record clearance requests were completed for both the licensee designee, Prabhjot Singh, and the administrator, Janet White, and neither had LEIN convictions recorded. They both submitted medical clearance requests with statements from their respective physicians documenting their good health and current negative TB test results.

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. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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.

The applicant acknowledges 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) and the related documents required to be maintained in each employee’s 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 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, the applicant acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. The applicant acknowledges their 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. The applicant acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 resident personal money transactions that have been agreed to be managed by the applicant.

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 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 AFC adult large group home with a capacity of 20.



05/28/2025

Cathy Cushman
Licensing Consultant

Date

Approved By:



05/28/2025

Dawn N. Timm
Area Manager

Date