



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 10, 2025

Gavin Aikens
Neulife Rehabilitation of Michigan, Inc.
Suite 102
36975 Utica Road
Clinton Township, MI 48036

RE: Application #: AS500419076
NLRM Sterritt St
46175 Sterritt Street
Utica, MI 48317

Dear Mr. Aikens:

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) 972-9136.

Sincerely,

A handwritten signature in blue ink, appearing to be "EJ".

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500419076
Licensee Name:	Neulife Rehabilitation of Michigan, Inc.
Licensee Address:	Suite 102 36975 Utica Road Clinton Township, MI 48036
Licensee Telephone #:	(586) 817-2593
Administrator/Licensee Designee:	Gavin Aikens
Name of Facility:	NLRM Sterritt St
Facility Address:	46175 Sterritt Street Utica, MI 48317
Facility Telephone #:	(586) 300-6338
Application Date:	12/23/2024
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

12/23/2024	On-Line Enrollment
01/07/2025	PSOR on Address Completed
01/08/2025	Contact - Document Sent For Mr. Aikens missing fingerprints sent.
01/09/2025	Contact - Document Sent Sent email stating that Gavin needs to complete fingerprinting.
01/10/2025	Contact - Document Received 1326
01/15/2025	Contact - Document Received 1326/RI030
02/18/2025	Application Incomplete Letter Sent
04/01/2025	Contact - Document Received
06/03/2025	Application Complete/On-site Needed
06/17/2025	Inspection Completed On-site
06/17/2025	Inspection Completed-Env. Health: A
06/17/2025	Inspection Completed-Fire Safety: A
06/17/2025	Inspection Completed-BCAL Full Compliance

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

NLRM Sterritt St is a single-story ranch style home 46175 Sterritt Street, Utica, MI 48317. The area of the home that is designated for residents has three single occupancy bedrooms, one double occupancy bedroom, two full bathrooms, a living room, and a kitchen/dining area. The home is located in a suburban area of Utica, that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Utica Police department responds to

emergency calls from the home. Henry Ford Macomb Hospital is located a few miles from the home.

The furnace, hot water heater, and laundry room are located on the first floor, which is separated from the main floor by a 1¾ inch solid core door with an automatic self-closing device and positive latching hardware. The facility is equipped with a fully operational smoke detection system. The home has public water and a public sewer system. The home has two forms of egress leading to the outside.

The residents' bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'4 x 11'2	150.08	1
2	11 x 11'4	125.4	1
3	14'5 x 13'3	192.85	1
4	17'6 x 16'5	290.4	2

Total capacity: 5

The living and sitting room areas measure a total of 235.98 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 five residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

NLRM Sterritt St intends to provide 24-hour supervision, protection, and personal care to five male or female residents, whose diagnosis is physically handicapped or traumatically brain injured. The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities.

NLRM Sterritt St will utilize local community resources for medical services, dental services, religious observance, and recreation. The goal of the home is to provide residents with a small, comfortable, peaceful place where they can live and get the care, they need in a family-like setting. NLRM Sterritt St will offer a wide range of social, creative, musical, and physical activities to nurture each resident's mind, body and spirit. They will provide rehabilitative activities and programs. to help residents regain lost function and independence on a short-term basis. The home will also professionally assess residents on a regular basis for medication and equipment needs to maximize their functional mobility, independence, and quality of life. NLRM Sterritt St will offer individual, independent activities and planned group activities which include music, baking, arts, bird and nature watching, gardening, games and other activities.

C. Applicant and Administrator Qualifications

The applicant is NLRM Sterritt St. The applicant has established Gavin Aiken an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

NLRM Sterritt St., appointed Gavin Aikens as the licensee designee and administrator of the facility. Mr. Gavin Aikens has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee designee Gavin Aikens has a master's degree from Ferris State University. Gavin Aikens has over one year of experience as a director, coordinating and providing services to individuals whose diagnosis is physically handicapped, aged, traumatic brain injuries, and Alzheimer. Gavin Aikens also has over a year of experience as a direct in-home caregiver for individual's diagnosis of physically handicapped, and traumatic brain injuries. Licensing record clearance requests were completed for Gavin Aikens. Gavin Aikens submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

Mr. Gavin Aikens 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. Gavin Aikens 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. Gavin Aikens 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, 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.

Mr. Gavin Aikens 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. Gavin Aikens 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. Gavin Aikens 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. Gavin Aikens acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal documents 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 documents. and obtaining new signatures for each resident on an annual basis.

Mr. Gavin Aikens 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. Gavin Aikens acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Gavin Aikens 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 the facility.

Mr. Gavin Aikens 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. Gavin Aikens 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. Gavin Aikens 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

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).

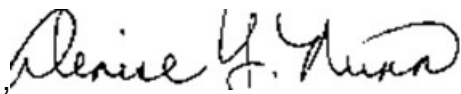


07/01/25

Eric Johnson
Licensing Consultant

Date

Approved By:



07/10/2025

Denise Y. Nunn
Area Manager

Date