



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 17, 2025

Cyle Pickett  
Brother LL Brother Community Provider LLC  
Suite #2  
7439 Middlebelt Rd  
West Bloomfield, MI 48322

RE: Application #: AS630418349  
**The Troy-Modern Assisted Living**  
**1052 Byron Dr.**  
**Troy, MI 48098**

Dear Mr. Pickett:

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 cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant  
Cadillac Place Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(248) 302-2409

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418349
<b>Applicant Name:</b>	Brother LL Brother Community Provider LLC
<b>Applicant Address:</b>	1052 Byron Dr. Troy, MI 48098
<b>Applicant Telephone #:</b>	(734) 516-9388
<b>Administrator/Licensee Designee:</b>	Cyle Pickett
<b>Name of Facility:</b>	The Troy-Modern Assisted Living
<b>Facility Address:</b>	1052 Byron Dr. Troy, MI 48098
<b>Facility Telephone #:</b>	(248) 986-4546
<b>Application Date:</b>	03/27/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL AGED ALZHEIMERS

## II. METHODOLOGY

03/27/2024	Enrollment
03/27/2024	PSOR on Address Completed
03/27/2024	Application Incomplete Letter Sent 1326/RI030
03/27/2024	Contact - Document Sent Fire Safety String
04/30/2024	Contact - Document Received 1326/ri030
05/10/2024	Application Incomplete Letter Sent
09/30/2024	Contact - Document Received Received proof of ownership, LD trainings, LD physical and TB test, LD high school transcripts, LD resume, program statement, staffing pattern, organizational chart, refund policy, and job descriptions.
06/03/2025	Contact - Document Received LD requested to change license type from medium to small. Sent application to make change.
06/16/2025	Contact - Document Sent I sent an email to LD to follow up on the application to change license type from medium to small.
06/17/2025	Contact - Document Received Amended application received via email from LD
06/30/2025	Application Complete/On-site Needed
06/30/2025	PSOR on Address Completed No hits.
07/01/2025	Inspection Completed On-site
07/02/2025	Inspection Completed-BCAL Sub. Compliance
07/15/2025	Inspection Completed On-site
07/15/2025	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**

The Troy-Modern Assisted Living is located in a residential area at 1052 Byron Dr. Troy, MI 48098. The home is a single story, ranch style home with a basement. The first floor of the home consists of a living room, dining room, kitchen, laundry room, five bedrooms, and two bathrooms.

The Troy-Modern Assisted Living is located 6.7 miles from Corewell Health Beaumont Troy Hospital which includes a 24/7 emergency department. The Troy police department will respond to emergency calls from the home. There are several places of worship, parks, local shopping centers, and dining options located in the community for convenient day trips with family members.

The furnace and hot water heater are located in the basement. The basement has a 1<sup>3</sup>/<sub>4</sub> 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 backup, which is fully operational. The home has public water and sewer.

The bedroom, bathroom, and egress doors are equipped with positive latching, non-locking against egress hardware. All egress doors and windows are equipped with alarms that sound when they are opened. All the bedrooms have adequate space, bedding, and storage. The refrigerator and freezer are equipped with thermometers. I measured the water temperature with a digital thermometer, and it was between 105-120° F. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation.

The home has two primary means of egress, which lead directly to firm-surfaced, unobstructed ground which allows the occupants to move a safe distance away from the building. The home is qualified for the admission of residents who use a wheelchair.

Bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	20'1" x 9'7"	192.25	2
2	13'2" x 14'7"	192.1	1
3	13'11" x 17'9"	247.2	1
4	12' x 10'10"	129.96	1
5	11'11" x 14'2"	168.95	1

**Total capacity: 6**

The living room and dining room area offers 544.44 square feet of living space, which exceeds the required 35 square feet of living space for six residents.

Based on the above information, it is concluded that this facility can accommodate six 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 Troy-Modern Assisted Living were reviewed and accepted as written. The Troy-Modern Assisted Living will provide supervised services 24 hours per day, seven days a week, for male and female residents over the age of 55 with physical disabilities, mentally ill, aged and Alzheimer's disease. The goal of The Troy Modern Assisted Living is to provide compassionate care for aging adults in a home environment where residents feel safe, loved, and encouraged.

Troy Modern Assisted Living will provide 24-hour care and assistance with daily living tasks, including bathing, grooming, eating, and more. Residents will benefit from meals, activities, laundry, and housekeeping services. Staff will assist with medication administration and meal preparation. The Troy-Modern Assisted Living will also utilize local community resources for recreational activities including public parks, libraries, local museums, shopping centers, and churches.

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.

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

The applicant is Brother LL Brother Community Provider LLC, which is a “Domestic Limited Liability Company” established in Michigan on 12/05/2022. Cyle Pickett is the president of the corporation and the owner of the home. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Brother LL Brother Community Provider LLC has appointed Mr. Pickett as the licensee designee and administrator of the facility.

Criminal history background checks of Mr. Pickett were completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Pickett submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Mr. Pickett has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Pickett has a Bachelor of Science degree in long-term care administration and has worked in the field of home health care and adult foster care since 2007. Mr. Pickett began his career as a direct care staff, providing direct care, personal hygiene, medication management and supervision/protection to the aged population and meets the qualification requirements. Mr. Pickett has 17 years of experience working with the aged and vulnerable adult population. Mr. Pickett was previously approved and is currently acting as the licensee designee and administrator of the licensed adult small group home, The Franklin House (AS630418745) and Amor Novi (AS630418307).

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

Mr. Pickett 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. Pickett 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Mr. Pickett 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, Mr. Pickett 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. Pickett 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. Pickett 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. Pickett 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. Pickett acknowledged 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.

Mr. Pickett 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. Pickett acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Pickett 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 fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by The Troy Modern Assisted Living.

Mr. Pickett 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. Pickett 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. Pickett 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**

The facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the

licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

**Note:** It should be noted that at the time of licensure, the facility is currently providing services to six residents.

#### IV. RECOMMENDATION

I recommend the issuance of a six-month temporary license to this adult foster care facility, The Troy Modern Assisted Living, with a capacity of six residents.



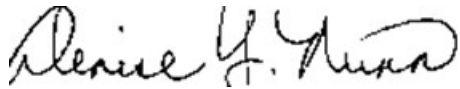
07/15/2025

---

Johnna Cade  
Licensing Consultant

Date

Approved By:



07/17/2025

---

Denise Y. Nunn  
Area Manager

Date