



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 19, 2025

Julie Bird  
Compassionate Care Homes LLC  
2363 E Coldwater Rd  
Flint, MI 48505

RE: Application #: AM250418357  
Compassionate Care AFC  
2363 E Coldwater Rd  
Flint, MI 48505

Dear Julie Bird:

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 12 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250418357
<b>Licensee Name:</b>	Compassionate Care Homes LLC
<b>Licensee Address:</b>	2363 E Coldwater Rd Flint, MI 48505
<b>Licensee Telephone #:</b>	(810) 210-1412
<b>Administrator/Licensee Designee:</b>	Julie Bird
<b>Name of Facility:</b>	Compassionate Care AFC
<b>Facility Address:</b>	2363 E Coldwater Rd Flint, MI 48505
<b>Facility Telephone #:</b>	(810) 785-9940
<b>Application Date:</b>	04/02/2024
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODOLOGY

04/02/2024	On-Line Enrollment
04/03/2024	PSOR on Address Completed
04/03/2024	Contact - Document Sent forms sent
04/09/2024	Contact - Document Received
04/11/2024	File Transferred To Field Office
04/15/2024	Application Incomplete Letter Sent
05/07/2024	Application Incomplete Letter Sent 2nd application letter sent to Julie Bird.
08/14/2024	Contact - Document Sent Email to applicant re: progress.
09/26/2024	Application Complete/On-site Needed
10/22/2024	Inspection Completed On-site
10/25/2024	Inspection Completed-BCAL Sub. Compliance
01/22/2025	Inspection Completed On-site
02/19/2025	Inspection Completed-Fire Safety : A See license AM250309137-line #669.
02/21/2025	Inspection Completed On-site
02/28/2025	Contact - Document Received Name change request-Compassionate Care AFC.
03/21/2025	Inspection Completed On-site
04/23/2025	Inspection Complete-Env. Health: A
08/15/2025	Inspection Completed- On-site
08/15/2025	Inspection Completed-Env. Health: A
08/15/2025	Inspection Completed-BCAL Full Compliance
08/19/2025	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Compassionate Care AFC is located at 2363 E. Coldwater Rd., Flint, MI, within the Township of Genesee. The home is owned by Compassionate Care Homes LLC. This facility is a single-level building, situated in a rural neighborhood, with ample front, rear and side yard space to be utilized by the residents. The home consists of 12 bedrooms, a living room, 2 dining areas to accommodate the resident occupancy, a kitchen and 2 full bathrooms. The home also contains an office and ½ bathroom located off the kitchen/dining area, both to be utilized only by staff. In addition, there are 2 additional rooms within the facility identified as an additional office and the other utilized as a meeting room for in-house physician care.

Located off the kitchen is an additional area of the home, which consists of a living room/sitting area, and 3 bedrooms. This area will not be utilized by residents.

The home utilizes public water and private sewer services. An Environmental Health Inspection was conducted on 04/23/2025 by the Genesee County Health Department, at which time the facility met all applicable rules relating to environmental health and safety.

The washer and dryer, located on the main floor, and enclosed behind a 1 ¾ inch solid core door, with a 1-hour fire resistance rating, and is equipped with an automatic self-closing device and positive latching hardware. The dryer has a solid metal vent, which is directly vented to the outside.

The furnace and hot water heater, located in the basement area of the home. They are both enclosed by a 1 ¾ inch solid core door, with a 1-hour fire resistance rating and is equipped with an automatic self-closing device and positive latching hardware. The Office of Fire Safety gave the facility a full approval, 'A' rating, on 02/19/2025. The home is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located throughout the home and on the basement level.

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

Location	Dimensions	Square Footage	Capacity
Bedroom #1	13'X10'	130 sq. ft.	1
Bedroom #2	13'X10'	130 sq. ft.	1
Bedroom #3	13'X10'	130 sq. ft.	1
Bedroom #4	13'X10'	130 sq. ft.	1
Bedroom #5	13'X10'	130 sq. ft.	1
Bedroom #6	13'X10'	130 sq. ft.	1
Bedroom #7	13'X10'	130 sq. ft.	1

Bedroom #8	13'X10'	130 sq. ft.	1
Bedroom #9	13'X10'	130 sq. ft.	1
Bedroom #10	13'X10'	130 sq. ft.	1
Bedroom #11	13'X10'	130 sq. ft.	1
Bedroom #12	13'X10'	130 sq. ft.	1
<b>Total Capacity = 12 residents</b>			

The living, dining, and sitting room areas measure a total of 573 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This facility is wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate twelve residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The facility has three (4) separate and independent, ground level means of egress, to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407. Based on the above information, it is concluded that this facility can accommodate twelve (12) residents.

## **B. Program Description**

The applicant, Compassionate Care Homes LLC, submitted a copy of the required documentation. 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 twelve (12) male or female adults, ages 18-99, who are Physically Handicapped, Developmentally Disabled, Mentally Ill, Aged, and Alzheimers.

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.

Compassionate Care Homes LLC will ensure that the residents' transportation for program and medical needs are met. Compassionate Care Homes LLC will provide transportation to transport residents to access community-based resources and services.

In addition to the above program elements, 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, Compassionate Care Homes LLC, is a Domestic Limited Liability Company, established in Michigan on February 5, 2024. 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.

Julie Bird has been designated as Licensee Designee and Administrator for this facility. A licensing record clearance request was completed and approved for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results. The licensee designee/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 12-bed facility is adequate and includes a minimum of 1-staff-to-12 residents per shift. All staff shall be awake during sleeping hours. The staffing must be adequate for the current needs of the residents.

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 website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), 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.

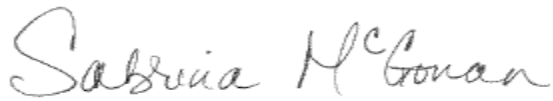
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. 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 medium group home (capacity 7-12).



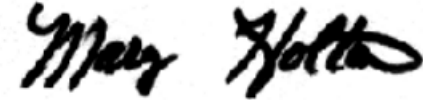
August 19, 2025

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Sabrina McGowan  
Licensing Consultant

Date

Approved By:



August 19, 2025

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Mary E. Holton  
Area Manager

Date