



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 22, 2025

Nicholas Christensen  
3769 Quarton Rd  
Bloomfield Township, MI 48302

RE: Application #: AS250419303  
HOMES Residential Care, LLC  
3473 West Wilson  
Clio, MI 48420

Dear Nicholas Christensen:

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 and special certification, 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(517) 648-8877

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250419303
<b>Licensee Name:</b>	HOMES Residential Care, LLC
<b>Licensee Address:</b>	3769 Quarton Rd Bloomfield Township, MI 48302
<b>Licensee Telephone #:</b>	(616) 914-3622
<b>Administrator/Licensee Designee:</b>	Nicholas Christensen
<b>Name of Facility:</b>	HOMES Residential Care, LLC
<b>Facility Address:</b>	3473 West Wilson Clio, MI 48420
<b>Facility Telephone #:</b>	(616) 914-3622
<b>Application Date:</b>	03/07/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATIC BRAIN INJURY
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## **II. METHODOLOGY**

03/07/2025	On-Line Enrollment
03/10/2025	PSOR on Address Completed
03/10/2025	Contact - Document Sent Forms sent.
03/17/2025	Contact - Document Received 1326/RI030
03/17/2025	File Transferred to Field Office
04/15/2025	Application Incomplete Letter Sent
06/03/2025	Application Complete/On-site Needed
06/11/2025	Inspection Completed On-site
06/23/2025	Application Incomplete Letter Sent
08/20/2025	Inspection Completed On-site Documentation received/virtual
08/20/2025	Inspection Completed-BCAL Full Compliance
08/20/2025	PSOR on Address Completed No hits
08/20/2025	SC-Application Received - Original
08/22/2025	Recommend License Issuance
08/22/2025	SC Recommend-MI and DD

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

HOMES Residential Care, LLC facility is a single story, brick and vinyl ranch style home, built on a crawl/raised foundation with a two-car attached garage located at 3473 West Wilson Rd. Clio, MI 48420. The home is in a residential area on a .086-acre lot.

This home is one of the original State designed group homes. The State of Michigan designed these homes to serve the MI and IDD consumers while integrating the homes into communities across the state. This property has served as a licensed specialized residential service group home under several residential providers since 04/20/1990. The last provider was licensed as the Wilson Rd. Home, AS250010880, under Valley Residential Service Inc., which voluntarily closed their license on 10/12/2023. The Greater Flint Mental Health Facilities, Inc. (GFMHF), the owner, is a non-profit board established solely to purchase real estate and lease the properties to Genesee Health System (GHS), formerly Genesee County Community Mental Health (GCCMH). GHS maintains an active lease for this property and authorizes Sparks Behavioral Services LLC to seek to establish a new license for this property.

GHS has negotiated a contract with Sparks Behavioral Service to provide PC & CLS services to consumers of GHS within the Wilson residence. GHS authorizes Sparks Behavioral Health LLC to facilitate access and tours of the property as may be necessary to secure licensing through LARA for this group home.

The home has a large front living room with a half wall dividing it from the dining room, and kitchen. There are 2 full bathrooms and 4 bedrooms. The 2 bedrooms on the north side and the 2 bedrooms on the side of the home are each separated by a bathroom. The north side bathroom has a walk-in shower with a sink and toilet, and the south side bathroom has a bathtub with a sink and toilet. Both bathrooms are equipped with safety bars and exhaust fans. The dining room area allows seating for up to 6 residents. There is an office and a laundry room off the kitchen. There are multiple cabinets in the laundry room which lock and will be used for medication storage. There is an attached 2-car garage located on the northwest front of the home, with a large, paved driveway leading to it.

There are three unobstructed means of egress for resident use. The first egress door is located at the north, front of the facility and exits to the front yard, and the second egress door is located at the south side of the facility exiting the dining room onto the concrete patio outside to the backyard. The third egress door is located on the east side of the facility which exits out to the side of the property. This home is at ground level, and all exits are wheelchair accessible. An inspection was conducted on 06/11/2025 at which time the facility met all applicable rules relating to adult foster care licensing. The home has municipal water and sewer.

The furnace and hot water heater are in a separate room next to the door entering the garage from the home. The room has a 1-3/4-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 facility has a washer and dryer with a solid metal vent, which is vented to the outside of the facility. A new furnace and central air unit were installed on 8/12/2025 by Bigfoot Pro Services and deemed to be in safe operating condition. Johnson & Wood Mechanical Contractors inspected the hot water heater on 7/7/2025 and found it to be functioning properly. 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. Fire extinguishers are located near the garage, and the side door exits. The licensee intends to keep the home's cleaning supplies in an area that is not accessible to residents.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 (SW)	10'x15'	150 sq. ft.	1
#2 (NW)	10'x15'	150 sq. ft.	1
#3 (SE)	10'x15'	150 sq. ft.	2
#4 (NE)	10'x15'	150 sq. ft.	2

The living, dining, and kitchen room areas measure a total of 825 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 **six (6)** residents. All bedrooms are suitable for single-occupancy and double occupancy if there is at least 3 feet of clearance between beds. 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 **six (6)** male or female ambulatory adults, ages 18-99 whose diagnosis is developmentally disabled and/or mentally impaired, physically handicapped, aged, and traumatic brain injury 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. Residents will be referred from: (Genesee Health Systems formerly Genesee County Community Mental Health).

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 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 is HOMES Residential Care, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/09 /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.

The Board of Directors of HOMES Residential Care, L.L.C. has submitted documentation appointing Nicholas Christensen as Licensee Designee and Administrator of this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/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 6-bed facility is adequate and includes a minimum of 2-staff-to-6-residents per shift. All staff shall be awake during sleeping hours.

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)), 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**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult foster care small group home (capacity 3-6).



08/22/2025

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Cynthia Badour  
Licensing Consultant

Date

Approved By:



08/22/2025

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Mary E. Holton  
Area Manager

Date