



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 18, 2025

Stacey Washington
Legacy Family Homes
15649 Harrison
Romulus, MI 48174

RE: Application #: AS820419533
Hana Home
5960 Princess St.
Taylor, MI 48180

Dear Ms. Washington:

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 4 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 (313) 456-0439.

Sincerely,

A handwritten signature in cursive script that reads "LaKeitha Stevens".

LaKeitha Stevens, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3055

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820419533
Applicant Name:	Legacy Family Homes
Applicant Address:	15649 Harrison Romulus, MI 48174
Applicant Telephone #:	(734) 329-1943
Administrator/Licensee Designee:	Stacey Washington
Name of Facility:	Hana Home
Facility Address:	5960 Princess St. Taylor, MI 48180
Facility Telephone #:	(313) 254-2651 05/06/2025
Application Date:	
Capacity:	4
Program Type:	Developmentally Disabled Aged

II. METHODOLOGY

05/06/2025	Enrollment
05/06/2025	PSOR on Address Completed
05/06/2025	Application Incomplete Letter Sent 1326/RI030, updated application and add. app fee of \$20.00
05/06/2025	Contact - Document Sent forms sent
06/09/2025	Contact - Document Received fee received CHK#38050554126 Amt:\$20.00, 1326, RI030
06/09/2025	File Transferred To Field Office
06/18/2025	Application Incomplete Letter Sent
08/27/2025	Inspection Completed On-site
08/27/2025	Inspection Completed-BCAL Sub. Compliance
09/10/2025	Application Complete/On-site Needed
09/10/2025	Inspection Completed On-site
09/10/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hana Home is in the city of Taylor and the county of Wayne. The home is a single-story ranch with no basement. The home is cream with brown trimmed aluminum siding. The home does not have a garage but is equipped with a wheelchair ramp at both means of egress. The home consists of three bedrooms, a living room with a dining area, kitchen and one bathroom. The home utilizes public water and sewage.

The furnace and hot water heater are in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (S)	9.92 X 9.66	95.82	1
2 (W)	12.42 X 10.5	130.41	2
3(SW)	12.58 X 10.08	126	1

The living, dining, and sitting room areas measure a total of 278.25 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 **four (4)** 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 **four (4)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Wayne County-DHS, Wayne County CMH, or private pay individuals as a referral source.

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

The applicant is Legacy Family Homes Inc., which is a Non-Profit Corporation was established in Michigan, on 02/02/2024. 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 Legacy Family Homes, Inc. have submitted documentation appointing Stacey Washington as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee. The licensee designee submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee has 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 4-bed facility is adequate and includes a minimum of 1 staff –to- 4 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 acknowledged 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 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 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 of the resident’s 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.

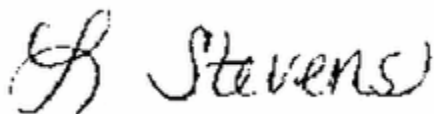
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 the issuance of a six-month temporary license to this adult foster care small group home (capacity 4).



09/12/2025

LaKeitha Stevens
Licensing Consultant

Date

Approved By:



09/18/2025

Ardra Hunter
Area Manager

Date