



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 20, 2025

Zubair Ahmed
Prestige Health Management Inc
685 E Square Lake Road
Troy, MI 48085

RE: Application #: AS630419251
Safe Haven Acres II
725 E Square Lake Rd
Troy, MI 48085

Dear Mr. Ahmed:

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 "Sheena Worthy".

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd, Suite 9-100
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419251
Licensee Name:	Prestige Health Management Inc
Licensee Address:	685 E Square Lake Road Troy, MI 48085
Licensee Telephone #:	(248) 710-7056
Administrator/Licensee Designee:	Zubair Ahmed, Designee
Name of Facility:	Safe Haven Acres II
Facility Address:	725 E Square Lake Rd Troy, MI 48085
Facility Telephone #:	(248) 710-7056
Application Date:	02/25/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS TRAUMATICALLY BRAIN INJURED AGED

II. METHODOLOGY

02/25/2025	On-Line Enrollment
02/27/2025	PSOR on Address Completed
02/27/2025	Contact - Document Sent Forms sent.
05/19/2025	Contact - Telephone call received Call to check on status of application. Will be emailing copies of the documents.
05/19/2025	Contact - Document Received AFC-100
05/19/2025	File Transferred To Field Office
05/29/2025	Application Incomplete Letter Sent A copy of the checklist was sent to the applicant.
06/13/2025	Contact - Document Received I received documents from the applicant.
06/25/2025	Contact - Document Sent I sent the applicant a letter confirming which documents were approved, missing, and corrections needed.
07/08/2025	Contact - Document Received I received all of the corrected documents from the applicant.
07/23/2025	Inspection Completed-BCAL Sub. Compliance
07/24/2025	Application Incomplete Letter Sent A confirming letter was sent to the applicant.
08/08/2025	Inspection Completed-BCAL Full Compliance A follow up inspection was completed via zoom.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single-family ranch style home in Troy, MI. There are three bedrooms and two full bathrooms. The first bathroom is located in bedroom #1. The licensee is aware that only the occupants of bedroom #1 are allowed to use that bathroom. The family room is an open space that contains a fireplace. The fireplace in the family room is secured to prevent the residents from using it. There is no basement in the home.

The facility has two approved separate and independent means of egress with non-locking against egress hardware. The facility is wheelchair accessible. The main exit in the home has a small ramp leading to the front door. The second exit is on street level. There is parking available in the driveway. The facility has city water and sewage. The kitchen leads to a dining area with a table that seats six people.

There are two heating plant rooms. The first heating plant room is adjacent to the kitchen and dining area. This heating plant room contains a washer and dryer, a furnace, and water heater. This heating plant room is enclosed by two fire doors that is constructed of material which has a 90-minute fire resistance rating and; the door is equipped with an automatic self-closing device with positive latching hardware. The second heating plant room is located in the second sleeping hallway. This heating plant room contains a furnace. This heating plant room is enclosed in a room that is constructed of material which has a 90-minute fire resistance rating and; the door is equipped with an automatic self-closing device and positive latching hardware. The furnaces was inspected on 07/18/25 and there were no concerns reported.

There is a smoke alarm in the first and second heating plant room. There is an interconnected smoke alarm located in the first sleeping area near bedroom #1. There is also a smoke alarm in the second sleeping area. There is a fire extinguisher located in the kitchen and in the first heating plant room.

There are thermometers in the refrigerator and freezer. There is a locked medication cart located in the kitchen.

The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a bed, chair, mirror, and closet and dresser. The resident's bedroom doors do not have any locks. Both bathrooms are equipped with non-locking against egress hardware. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The three resident bedrooms in the home measure as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.75 x 14	178.5	2
2	15.33 x 12.17	186.56	2
3	12.25 x 11.25	137.81	2

Total Capacity: 6

The family room and the T.V room measure a total of 453.46 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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

B. Program Description

Safe Haven Acres II is a wheelchair accessible home that provides a long-term, home-life environment for aged, physically handicapped, Alzheimer's, Developmentally Delayed, Mentally Ill and traumatically brain injured (TBI) adults within the age ranges of 18 and older, male, female or non-binary genders. The objective of this service is to enhance independent living skills and to maintain the cognitive efficiency of residents by providing a variety of social, vocational, recreational and maintenance activities. The goal of such services is to maintain these residents in the community, providing the continued cognitive stimulation necessary to avoid deterioration of skill levels by engaging in activities of daily living. Transportation is available.

The Adult Foster Care small group home general program to be offered by Safe Haven Acres II will include, but not be limited to, the following:

1. Engagement in resident appropriate cognition exercise programs, or day treatment programs suitable for the individual resident.
2. Community outings and involvement in other services such as volunteer work when appropriate, or otherwise location-based activities as deemed appropriate.
3. Availability to all materials necessary to be successful in learning, maintaining or engaging in ADL's

C. Administrator and Qualifications

I received a copy of a lease signed on 04/13/24. The lease is between the landlord Prestige RE Holdings LLC and the tenant Prestige Health Management. Harris Cheema signed as the landlord and the licensee Zubair Ahmed signed as the tenant. According to public record, the owner of the home is Prestige RE Holdings LLC. The licensee group name is Prestige Health Management Inc.

I received a letter signed by Mr. Cheema and Mr. Ahmed granting permission for the home to operate as a licensed AFC group home; as well as authorizing the home to be inspected by the State of Michigan.

Mr. Ahmed has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Ahmed is trained in malnutrition and dining experience, first aid, CPR and financial analysis. Mr. Ahmed was Principal and Director of business development/operations for Pioneer Rehabilitation Specialist for five years. Mr. Ahmed's experience meets the qualifications for foster care, safety and fire prevention, knowledge of the needs of the population to be served, resident rights, and containment of communicable diseases. Mr. Ahmed has also trained and provided care for residents with Alzheimer's, traumatic brain injury, physically handicapped, developmentally delayed, and mentally ill. Mr. Ahmed has also been the licensee designee and administrator for Safe Haven Hill AS630408702 since 10/08/21 and Safe Haven Acres AS630411654 since 06/21/22.

Mr. Ahmed 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. Ahmed acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Mr. Ahmed acknowledged 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 designee can administer medication to residents. In addition, Mr. Ahmed 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. Ahmed acknowledged his responsibility to obtain all required 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. Ahmed acknowledged his responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Ahmed acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mr. Ahmed acknowledged his 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. Mr. Ahmed also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Mr. Ahmed acknowledged his 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. Ahmed acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Ahmed acknowledged 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 licensee designee.

Mr. Ahmed acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Ahmed indicated that it is his intent to achieve and maintain compliance with these requirements.

Mr. Ahmed acknowledged 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. Mr. Ahmed indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Ahmed acknowledged his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

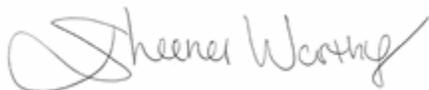
Mr. Ahmed acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Safe Haven Acres II was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

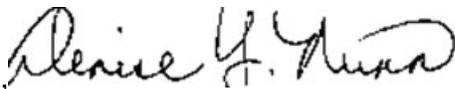
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Sheena Worthy
Licensing Consultant

08/19/25
Date

Approved By:



08/20/2025

Denise Y. Nunn
Area Manager

Date