



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 28, 2025

Neil Wright
A Trusted Friend Residential Services
114 Bank Street
Lansing, MI 48910

RE: Application #: AS330418195
Pine Home
514 N. Pine
Lansing, MI 48933

Dear Mr. Wright:

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 3 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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330418195
Licensee Name:	A Trusted Friend Residential Services
Licensee Address:	114 Bank Street Lansing, MI 48910
Licensee Telephone #:	(517) 749-6215
Licensee Designee:	Neil Wright
Administrator:	Neil Wright
Name of Facility:	Pine Home
Facility Address:	514 N. Pine Lansing, MI 48933
Facility Telephone #:	(517) 580-3761
Application Date:	01/23/2024
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/23/2024	On-Line Enrollment
01/24/2024	PSOR on Address Completed
01/24/2024	Contact - Document Sent forms sent
01/31/2024	Contact - Document Received 1326/RI030
01/31/2024	Lic. Unit file referred for background check review
02/02/2024	File Transferred To Field Office
02/14/2024	Application Incomplete Letter Sent Emailed to licensee designee, Neil Wright.
03/25/2024	Contact - Document Received Email received from applicant, Neil Wright, with supporting documentation.
04/09/2024	Contact - Document Sent Email reviewed, and correspondence sent to Neil Wright, requesting CPR certification, Standard/Routine Procedures document, updated evacuation plan, house rules mentioned in admission policy.
04/25/2024	Contact - Document Received- Requested documents received via email from applicant, Neil Wright.
04/29/2024	Contact - Document Sent- Documents reviewed and email correspondence sent to applicant, Neil Wright, requesting additional information in Emergency Evacuation Plan, and clarification of experience working with populations on application.
05/28/2024	Contact - Document Received Email received from applicant, Neil Wright. Response provided via email regarding additional required documentation needed for application.
07/03/2024	Application Complete/On-site Needed
07/03/2024	Inspection Completed On-site
07/03/2024	Inspection Completed-BCAL Sub. Compliance

02/27/2025 Contact - Document Sent- Email correspondence sent to applicant, Neil Wright, inquiring whether smoke detection system has been updated and whether he is moving forward with the enrollment or closing the application. Awaiting response.

03/11/2025 Contact - Document Sent- Email correspondence received from applicant, requesting to schedule final on-site inspection. Email correspondence sent to applicant noting his CPR certification and Medical Clearance have expired and will need to be updated prior to on-site inspection. Awaiting response.

07/08/2025 Contact - Document Sent- Email correspondence sent to applicant requesting a status update on enrollment status.

08/04/2025 Contact - Document Sent- Email correspondence sent to applicant requesting a status update on the status of the enrollment. Documents still needed to proceed.

08/11/2025 Contact - Document Sent- Email correspondence with applicant requesting a timeline for remaining documents and on-site inspection.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home located at 514 N. Pine St. Lansing, MI, is a one bathroom, three bedroom, two-story structure, located in Ingham County, in downtown Lansing. The home is conveniently located near public bus routes, local businesses, the State Capital building, and is within walking distance to Ferris Park. The home has a small driveway with available spaces for visitor parking as well as street parking is available at this location. All three bedrooms and the full resident bathroom are located on the second level of the home. Each bedroom is a single occupancy bedroom and are equipped with positive latching, non-locking against egress hardware on the bedroom doors. The bathroom is equipped with a standup shower for resident use. The main entrance to the facility enters off from Pine Street. There are three stairs to traverse to enter the home from this entrance. The main entrance enters the home into a small foyer and then into the living room, which leads to the dining room. The kitchen is set off from the dining room. The second means of egress exits from the dining room, onto an enclosed back porch. This porch leads down a staircase and terminates at the driveway near the backyard. There is a small backyard area for resident use. The home is equipped with a basement, the entrance being in the kitchen. There is a third exit door on the driveway side of the home that leads to the basement staircase. This exit door is not one of the

two main exits on the evacuation route. This home is not handicap accessible and therefore residents who require the use of a wheelchair may not reside in this home. There are no wheelchair ramps at the two main sources of egress and no first floor resident bedrooms or bathroom available at this location. The home utilizes public water and sewer services through the City of Lansing.

The natural gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The furnace and water heater were inspected on 3/15/24 and determined to be in good working order. The smoke detection system was inspected on 3/7/24 and tested on-site on 10/23/25. The system was in good working order at the time of the inspection and the smoke detectors functioned as an interconnected unit. The home was not equipped with air conditioning or a generator at the time of the original inspection.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'9ft x 5'2ft + 7'7ft x 4'2ft	87.2sqft	1
2	13'5ft x 9ft	120.8sqft	1
3	10'11ft x 10ft	109.2sqft	1
Living Room	14'2ft x 13'3ft	187.7sqft	N/A
Dining Room	13'2ft x 9ft	118.5sqft	N/A

The living, dining, and sitting room areas measure a total of 306.2 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **three (3)** 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 **three (3)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, and/or aged 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 Community Mental Health authorities and 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 is A Trusted Friend Residential Services, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 6/12/23. 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 members of A Trusted Friend Residential Services, L.L.C. have submitted documentation appointing Neil Wright as Licensee Designee and Administrator for this facility. A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Wright. Mr. Wright submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Wright has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Wright submitted a current resume which highlighted 1.5 years of experience working as a direct care staff/Program Director for the Eden Prairie Residential Services organization. This experience qualifies Mr. Wright to be able to work with residents with a mental illness or developmental disability.

The staffing pattern for the original license of this three bed facility is adequate and includes a minimum of _1_ staff –to- _3_ 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 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 (www.miltcpartnership.org) 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 designee, 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 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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of three residents.

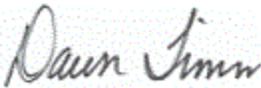


10/23/25

Jana Lipps
Licensing Consultant

Date

Approved By:



10/28/2025

Dawn Timm
Area Manager

Date