



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 13, 2025

Stephanie Dean  
Embraced Residential Living LLC  
3632 Lark Dr  
Kalamazoo, MI 49008

RE: Application #: AS390419915  
**Embraced Residential Living LLC**  
**712 Egleston Ave**  
**Kalamazoo, MI 49001**

Dear Stephanie Dean:

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 and specialized certification for the developmentally disabled and mentally ill populations, are 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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390419915
<b>Licensee Name:</b>	Embraced Residential Living LLC
<b>Licensee Address:</b>	3632 Lark Dr Kalamazoo, MI 49008
<b>Licensee Telephone #:</b>	(269) 569-6264
<b>Administrator:</b>	Stephanie Dean
<b>Licensee Designee:</b>	Stephanie Dean
<b>Name of Facility:</b>	Embraced Residential Living LLC
<b>Facility Address:</b>	712 Egleston Ave Kalamazoo, MI 49001
<b>Facility Telephone #:</b>	(269) 443-2011
<b>Application Date:</b>	09/11/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

09/11/2025	On-Line Enrollment
09/12/2025	PSOR on Address Completed
09/12/2025	Contact - Document Sent - forms sent
10/03/2025	Contact - Document Received
10/03/2025	File Transferred To Field Office
10/03/2025	Application Incomplete Letter Sent - Sent via email to LD
10/07/2025	Contact - Document Received - Email from applicant.
10/07/2025	Contact - Document Sent - Email to applicant
10/08/2025	Contact - Document Received - Email from applicant regarding financial statement. Emailed back.
10/14/2025	Contact - Document Received - Received email from applicant containing the required documentation for enrollment.
10/16/2025	Application Incomplete Letter Sent - Sent application incomplete letter to applicant identifying what additional docs were needed or what docs needed additional information.
10/24/2025	Contact - Document Received - Email from LD containing floor plans, evac plan, training and training attestation, financial statement, updated org chart, medical clearance, updated house rules, and updated program/admission/discharge.
10/24/2025	SC-Application Received – Original
10/29/2025	Application Incomplete Letter Sent - sent application incomplete letter after reviewing docs received on 10/24/2025
10/29/2025	Inspection Completed On-site
10/29/2025	Inspection Completed-BCAL Sub. Compliance
10/29/2025	Contact - Document Sent - Sent confirming letter from 10/29/2025 onsite inspection.
10/30/2025	Contact - Document Received - Received fire safety training and updated program statement.
11/07/2025	Inspection Completed On-site

11/07/2025	Inspection Completed-BCAL Full Compliance
11/07/2025	Inspection Completed-Env. Health : A - Environmental health inspection completed by licensing consultant due to public water/sewer

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a two story home in the well-established Eastside neighborhood of Kalamazoo. There is parking in the driveway and on the street. The facility is walking distance to churches, parks, gas stations, party stores, and local restaurants. It is an approximate five minute drive to downtown Kalamazoo, Bronson Methodist Hospital, and I-94 highway. The facility is an approximate 10 minute drive to Portage, Michigan where there are an abundance and variety of grocery stores, restaurants, and department stores. The facility is an approximate 15 minute drive to 131 highway. Due to facility's location, it utilizes both public water and sewage systems.

The applicant is leasing the facility from Bhaskar Pisipati who is the property owner. A copy of the lease, right to occupy and permission for the State of Michigan to inspect have been received.

The front of the facility has a 24'8"x 5'5" covered porch. The front door opens into a 4'9"x 3'7" foyer where there is another door that opens into a small seating area. Within this area are the stairs to the second level as well as a hallway where the basement stairs are located, the facility's secondary egress door, and the kitchen. To the left of the front door is the living room and through the living room is the dining room. To the right of the dining room is the kitchen, which has a sink, microwave, electric stove/oven and the refrigerator. To the left of the kitchen is a laundry room, which has an electric washer and dryer. Across from the laundry room is a bathroom, which has a sink, toilet, and stand up shower with both a window and mechanical fan for ventilation. Through the laundry area is a resident bedroom, which is lower than the main level by three steps.

The facility does not have wheelchair ramps at two approved means of egress from the first floor and residents with impaired mobilities would be unable to access the living, dining, bathroom, and the resident bedroom; therefore, the facility is not wheelchair accessible.

The facility's second level comprises three resident bedrooms; however, the first bedroom to the left is currently being utilized as a potential staff office. The second floor

bathroom is located to the right of the stairs and consists of a sink, toilet, and tub/shower combination with both a window and mechanical fan for ventilation.

The facility's basement is located off the hallway near the kitchen. It is accessed by descending approximately four steps to a landing. On this landing is the facility's secondary means of egress door and an interior door leading to additional stairs to the basement. The secondary means of egress door accesses the facility's backyard, which is enclosed with a privacy fence that is non locking against egress. A gate to the front yard is located approximately three feet from the secondary means of egress door.

In the basement is the facility's gas furnace and water heater, which were inspected on 10/08/2025 and determined to be functioning and in good condition. A 1-3/4 inch solid core door in fully stopped frame, equipped with an automatic self-closing device and positive latching hardware, is located at the bottom of the basement stairs to create floor separation.

The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 10/08/2025, and determined to be fully operational and working properly. Smoke alarms are installed on each level of the facility, in each bedroom, outside each sleeping area, and in all common areas. Fire extinguishers are on each level of the facility. Additionally, on 10/22/2025, the facility received an approved electrical 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	17'1" x 11'7"	197 sq ft	2
2 (or staff office)	10'4" x 12'1"	124 sq ft	1
3	12'2" x 13'11"	169 sq ft	2
4	13'3" x 12'3"	162 sq ft	2
Sitting Room	4'10" x 4'0" + 8'2" x 10'1"	19 sq ft + 82 sq ft = 101 sq ft	N/A
Living Room	13'5" x 16'9"	224 sq ft	N/A
Dining Room	12'0" x 12'8"	152 sq ft	N/A

The living, dining, and sitting room areas measure a total of 477 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to offer a specialized program for the developmentally disabled and mentally ill populations with services and supports that will meet the unique programmatic needs of these populations, as set forth in each resident's Assessment Plans for AFC Residents and individual plans of service.

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 whose diagnosis is developmentally disabled, mentally ill, aged, and/or physically handicapped, in the least restrictive environment possible. The applicant understands the importance of resident compatibility. The applicant understands that she shall not admit or keep any residents whose requirements and service needs are incompatible with those of the other residents in the home. Due to the home not being wheelchair accessible, the applicant agrees to not accept any physically handicapped residents requiring wheelchair accessibility.

The home's program statement documents the goal of the facility is to provide "longer term care as an alternative to institutionalized care" and short term care "with the goal of living independently." Additionally, the applicant's program statement documents all individuals who reside in the home are assured protection from moral, social, and financial exploitation. The applicant documented all work performed by residents residing in the facility, as well as his or her personal needs, shall be in accordance with the resident's written assessment plan. The applicant documented that each resident shall be treated with dignity including protection and safety, with the provisions of the Adult Foster Care Act. It is the applicant's goal to increase each resident's daily living skills to his or her full potential and to provide direction and opportunities that promote growth and development through activities that foster independence such as, but are not limited to opportunities for involvement in education, employment, day programs, camps, parks, church, movies, crafts, and involvement with family and friends.

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 home's program statement documented that staff members in the home will be trained to be competent in providing individualized services outlined in the resident's written assessment plans.

The applicant intends to accept residents from local Department of Health and Human services, Community Mental Health agencies, Senior Services, or private pay individuals as referral sources.

The licensee will provide transportation for program and medical needs as specified in the *Resident Care Agreement*. The facility will make provisions for a variety of leisure and recreational experiences. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

### **C. Applicant and Administrator Qualifications**

The applicant is Embraced Residential Living LLC, which is a “Domestic Limited Liability Company”, established in Michigan, on 05/06/2025. The applicant submitted a financial statement and established a budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Stephanie Dean is the sole member of Embraced Residential Living LLC. She identified herself as the licensee designee and administrator for this facility. Stephanie Dean has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She currently owns and operates a local home health care service where she has not only provided activities of daily living assistance to clients who are aged, have developmental disabilities or are mentally ill, and/or are physically handicapped, but has also managed multiple employees with scheduling, payroll and training. She also has past experience working in a local nursing home. Stephanie Dean has a Nurse Aid certificate with the State of Michigan that is in good standing.

A licensing record clearance was completed with no LEIN convictions recorded for Stephanie Dean. She submitted a medical clearance form from a physician documenting her good health and current negative TB results.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 6 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 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance. 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 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 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 recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all resident 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. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 6) and temporary issuance of a specialized certification for the developmentally disabled and mentally ill populations.



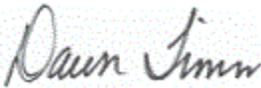
11/10/2025

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



11/13/2025

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Dawn N. Timm  
Area Manager

Date