



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 13, 2025

Marlena Hardwick
LMA Homes LLC
515 Egleston
Kalamazoo, MI 49001

RE: Application #: AS390419926
LMA Fellows
118 Fellows Avenue
Kalamazoo, MI 49001

Dear Ms. Hardwick:

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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390419926
Licensee Name:	LMA Homes LLC
Licensee Address:	515 Egleston Kalamazoo, MI 49001
Licensee Telephone #:	(269) 598-0538
Licensee Designee:	Marlena Hardwick
Administrator:	Marlena Hardwick
Name of Facility:	LMA Fellows
Facility Address:	118 Fellows Avenue Kalamazoo, MI 49001
Facility Telephone #:	(269) 598-0538
Application Date:	09/17/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/17/2025	On-Line Enrollment
09/18/2025	PSOR on Address Completed
09/18/2025	Contact - Document Sent forms sent
09/30/2025	Contact - Document Received
09/30/2025	File Transferred To Field Office
10/14/2025	Application Incomplete Letter Sent
10/19/2025	Contact - Document Received-Licensee/Facility Records
10/29/2025	Contact - Document Received-Licensee/Facility Records
11/06/2025	Contact - Document Received-Facility Documents
11/10/2025	Contact - Document Received-Facility Documents
11/12/2025	Application Complete/On-site Needed
11/12/2025	Inspection Completed On-site
11/12/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

LMA Fellows is a two-story updated home in the city of downtown Kalamazoo near museums, restaurants, Bronson Park and less than 2 miles away from Bronson Hospital. The main level of the home includes a living room, dining area, kitchen and a half resident bathroom. The second floor of the home includes three resident bedrooms, a resident full bathroom equipped with a shower/tub, and a laundry area. The unfinished basement will be used for storage and will not be occupied by residents. The home is not wheelchair accessible as it does not have two means of egress that are equipped with ramps from the first floor. Therefore, the licensee cannot accept any resident who regularly requires the use of a wheelchair to assist with mobility. The home utilizes public water supply and sewage disposal system.

The gas furnace and water heater are in the basement of the home. The door leading to the basement, located at the top of the stairs, is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnace was inspected and approved on 10/8/2025 by a licensed professional.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was inspected by a licensed electrician on 10/13/2025 and determined to be fully operational. The home is equipped with fire extinguishers which are located on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'0 x 11'7"	127 sq ft	1
2	11'1 x 11'5"	126 sq ft	1
3	14'8" x 10'10"	159 sq ft	2

The indoor living and dining areas measure a total of 273 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 4 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to four male and/or female residents who are mentally ill, developmentally disabled, and/or traumatically brain-injured. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or employment and transportation. The applicant intends to accept referrals from Kalamazoo County MDHHS and various Community Mental Health agencies.

If needed by residents, behavior and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including (the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is LMA Homes, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 7/9/2024. 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 members of LMA Homes, L.L.C. have submitted documentation appointing Marlena Hardwick as licensee designee, and administrator for this facility. A criminal history background check of the applicant and administrator Marlena Hardwick was completed, and she was determined to be of good moral character to provide licensed adult foster care. Marlena Hardwick submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Marlena Hardwick provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Marlena Hardwick has been a licensed practical nurse for six years and has over one year experience working in an adult foster care setting with mentally ill, developmentally disabled and traumatic brain injured populations.

The staffing pattern for the original license of this four bed facility is adequate and includes a minimum of one staff for four residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by residents due to changes in behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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. The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance. The applicant acknowledged the 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 acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and to follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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 applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged that residents with mobility impairments may not reside in 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.

IV. RECOMMENDATION

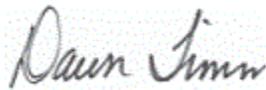
I recommend issuance of a six-month temporary license to this small group home facility with a capacity of four residents.



Ondrea Johnson
Licensing Consultant

11/12/2025
Date

Approved By:



11/13/2025

Dawn N. Timm
Area Manager

Date