



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 18, 2026

Strong Sisters Survive It All Corporation
21613 Waltham
WARREN, MI 48089

RE: Application #: AS500419673
Strong Sisters Survive It All Corporation
27808 Glenwood
St.Clair Shores, MI 48081

Dear Strong Sisters Survive It All Corporation:

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 5 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 "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500419673
Licensee Name:	Strong Sisters Survive It All Corporation
Licensee Address:	21613 Waltham WARREN, MI 48089
Licensee Telephone #:	(586) 554-6173
Administrator/Licensee Designee:	Latasha Hannah
Name of Facility:	Strong Sisters Survive It All Corporation
Facility Address:	27808 Glenwood St. Clair Shores, MI 48081
Facility Telephone #:	(586) 879-0182 06/08/2025
Application Date:	
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

06/08/2025	On-Line Enrollment
06/08/2025	Application Complete/On-site Needed
06/09/2025	PSOR on Address Completed
06/09/2025	Contact - Telephone call received The licensee would like to change to a small group and not a large group. They would also like a copy of the medical clearance. Link to vendor list. Did want to know as well if they can be refunded the remaining fee.
06/09/2025	Contact - Document Sent Forms sent along with link to vendor list, app to change to a small group home and medical clearance form.
06/16/2025	Contact - Document Received 1326/RI030, App,
06/16/2025	Contact - Document Received IRS letter
06/16/2025	File Transferred To Field Office
06/20/2025	Application Incomplete Letter Sent
11/24/2025	Inspection Completed-BCAL Sub. Compliance Confirming letter sent.
02/05/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The small adult foster care home is located in a residential area in Saint Clair Shores, Michigan. The home is a two-story bungalow structure with a partially finished basement and 1.5 detached garage. The first floor of the home consists of a living room, dining room, kitchen, 1 full bathroom and one bedroom. The upper level consists of two bedrooms and one full bathroom.

The furnace and hot water heater are 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 stairs. The facility is equipped with battery operated smoke detection system. The smoke detectors are in the kitchen, living room, inside each bedroom and basement. The fire extinguishers are located on each floor including the basement. Evacuation routes and a floor plan identifying all exits are posted prominently on each level of the home. A working telephone is always available and accessible to all staff and residents. Emergency numbers are posted in a conspicuous location near the telephone and in the staff office. The Emergency Preparedness Plan and Fire Safety Plan are reviewed annually and updated as necessary.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17.5 x 11.1	193	2
2	10 x 17.9	177.50	2
3	11.1 x 10	110	1

Total beds: 5

The living, kitchen and dining room areas measure a total of 842.50 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 **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The facility is not wheelchair accessible.

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 **five (5)** male or female ambulatory adults age 50+ whose diagnosis is physically

handicapped, aged, developmentally disabled and mentally impaired, in the least restrictive environment possible.

Strong Sisters Survive It All Corporation is committed to providing a nurturing, safe, and structured environment tailored to the individual needs of adults requiring assistance with daily living. Strong Sisters Survive It All Corporation. services are guided by the principles of person-centered planning, dignity, and respect. Our program emphasizes: Individualized care plans, Medication management, Nutritious, home-cooked meals, Personal hygiene and grooming assistance, Social and recreational activities, Transportation to appointments (provided) and Family involvement and communication Residents will be referred from the community. 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 Strong Sisters Survive It All Corporation, which is a “For Profit Corporation” that was established in Michigan, on 11/23/2020. 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 Strong Sisters Survive It All Corporation has submitted documentation appointing Latasha Hannah as Licensee Designee and Administrator for this facility.

Latasha Hannah has been a provider with over two years supporting elderly clients, including those with dementia and Alzheimer’s. Latasha Hannah has a strong foundation in behavioral support from previous work with children on the autism spectrum. Latasha Hannah currently works as a Care Provider working with elderly residents. Latasha Hannah also previously worked as a substitute teacher with children diagnosed with autism spectrum disorder.

A licensing record clearance request was completed with no lein convictions recorded for Latasha Hannah. Latasha Hannah submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Latasha Hannah 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 5 -bed facility is adequate and includes a minimum of 1 staff –to- 2 residents per shift. All staff shall be awake during sleeping hours.

Latasha Hannah acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff 1–to-5 resident ratio.

Latasha Hannah 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Latasha Hannah 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, Latasha Hannah 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.

Latasha Hannah acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, Latasha Hannah acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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

Latasha Hannah 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. Latasha Hannah 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.

Latasha Hannah acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Latasha Hannah acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, Latasha Hannah acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident’s file.

Latasha Hannah 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.

D. Rule/Statutory Violations

Latasha Hannah 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 1-5).



02/18/2026

LaShonda Reed
Licensing Consultant

Date

Approved By:



03/12/2026

Ardra Hunter
Area Manager

Date