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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 12, 2026

Tamisha Kaplan
A Caring Home of Michigan, LLC
P.O. Box 81
Walled Lake, MI 48390

RE: Application #: AS500420030
Chateau Of Macomb-Middle River
50989 Middle River Rd
Macomb, MI 48044

Dear Ms. Kaplan:

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 blue ink, appearing to read "EJ".

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500420030
Applicant Name:	A Caring Home of Michigan, LLC
Applicant Address:	45750 Eleven Mile Novi, MI 48374
Applicant Telephone #:	(248) 380-4663
Administrator/Licensee Designee:	Tamisha Kaplan,
Name of Facility:	Chateau Of Macomb-Middle River
Facility Address:	50989 Middle River Rd Macomb, MI 48044
Facility Telephone #:	(248) 380-4663
Application Date:	10/30/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

10/30/2025	Enrollment
10/30/2025	Lic. Unit file referred for background check review
10/30/2025	Lic. Unit received background check file from review
10/31/2025	PSOR on Address Completed
10/31/2025	File Transferred To Field Office
11/07/2025	Application Incomplete Letter Sent
11/14/2025	Application Complete/On-site Needed
01/27/2026	Contact - Document Received Licensing documents received
01/27/2026	Inspection Completed On-site
01/27/2026	Inspection Completed-Env. Health : A
01/27/2026	Inspection Completed-Fire Safety : A
01/27/2026	Inspection Completed-BCAL Full Compliance
02/18/2026	SC-Application Received - Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

A. Physical Description of Facility

Chateau Of Macomb-Middle River is a single-story ranch style home located at 50989 Middle River Rd Macomb, MI 48044. The area of the home that is designated for residents has three double occupancy bedrooms, two full bathrooms, a half bathroom, a living room, and a kitchen/dining area. The home is located in a suburban area of Macomb that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Macomb Police Department responds to emergency calls from the home. A hospital is located a few miles from the home.

The furnace and hot water heater are located in the basement, which is separated from the main floor by a 1³/₄ inch solid core door with an automatic self-closing device and positive latching hardware. The laundry room is located on the first floor in the utility room. The facility is equipped with a fully operational smoke detection system. The home has public water and a public sewer system. The home has two forms of egress leading to the outside. The home is not qualified for admission of residents who use a wheelchair, as it is not equipped with ramps.

The residents' bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'10x14'6	132.86	2
2	13'3x10'5	139.65	2
3	16'5x12'8	211.20	2

Total capacity: 6

The living and sitting room areas measure a total of 600.48 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 six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Chateau Of Macomb-Middle River intends to provide 24-hour supervision, protection, and personal care to six male or female residents, whose diagnosis is Developmentally disabled, Mentally Ill, Aged, Traumatic Brain Injured, Alzheimer, or aged. The program will include instruction for daily living, personal hygiene assistance, and social and recreational activities.

Chateau Of Macomb-Middle River will utilize local community resources for medical services, dental services, religious observance, and recreation. The goal of the home is to provide residents with a small, comfortable, peaceful place where they can live and get the care they need in a family-like setting. Chateau Of Macomb-Middle River will offer a wide range of social, creative, musical, and physical activities to nurture each resident's mind, body, and spirit. They will provide rehabilitative activities and programs to help residents regain lost function and independence on a short-term basis. The home will also professionally assess residents on a regular basis for medication and equipment needs to maximize their functional mobility, independence, and quality of life. Chateau Of Macomb-Middle River will offer individual, independent activities and planned group activities which include music, baking, arts, bird and nature watching, gardening, games and other activities. The licensee will make arrangements as needed for a visiting physician, dentist, podiatrist, and home care, including nursing, occupational, physical and speech therapy.

C. Rule/Statutory Violations

The applicant is A Caring Home of Michigan, LLC. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A Caring Home of Michigan, LLC appointed Tamisha Kaplan as the licensee designee and administrator for the facility. Ms. Tamisha Kaplan has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Tamisha Kaplan was previously approved as licensee designee and administrator of Chateau of Novi (AS630298741).

The licensee designee, Tamisha Kaplan, has a diploma from Manhattan High School. She has over one year of experience as a home manager and administrator, coordinating and providing services to individuals whose diagnosis is Developmentally disabled, Mentally Ill, Aged, Traumatic Brain Injured, Alzheimer, or aged. She also has over a year of experience as a direct in-home caregiver for the individual's diagnosis is Developmentally disabled, Mentally Ill, Aged, Traumatic Brain Injured, Alzheimer, or aged. Licensing record clearance requests were completed for Tamisha Kaplan. Tamisha Kaplan submitted current medical clearances with a statement from a physician documenting good health and tuberculosis negative results.

Ms. Tamisha Kaplan 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.

Ms. Tamisha Kaplan acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges 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.

Ms. Tamisha Kaplan acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or 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.

Ms. Tamisha Kaplan 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, Ms. Byrd acknowledged the responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

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

Ms. Tamisha Kaplan 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.

Ms. Tamisha Kaplan 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.

Ms. Tamisha Kaplan acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Tamisha Kaplan acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 residents’ personal money transactions that have been agreed to be managed by corporation.

Ms. Tamisha Kaplan 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 and indicated the intent to respect and safeguard these resident rights.

Ms. Tamisha Kaplan 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.

Ms. Tamisha Kaplan 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.

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 temporary license to this AFC adult small group home (capacity 1-6).



02/18/26

Eric Johnson
Licensing Consultant

Date

Approved By:



03/12/26

Ardra Hunter
Area Manager

Date