



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 19, 2026

Akram Askar
SAINT TROPEZ L.L.C.
43367 Saint Tropez Ct
Sterling Heights, MI 48314

RE: Application #: AS500420101
Saint Tropez
43367 Saint Tropez Ct
Sterling Heights, MI 48314

Dear Mr. Askar:

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 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 #:	AS500420101
Licensee Name:	SAINT TROPEZ L.L.C.
Licensee Address:	43367 Saint Tropez Ct Sterling Heights, MI 48314
Licensee Telephone #:	(313) 877-3787
Administrator/Licensee Designee:	Akram Askar
Name of Facility:	Saint Tropez
Facility Address:	43367 Saint Tropez Ct Sterling Heights, MI 48314
Facility Telephone #:	(313) 877-3787 11/21/2025
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

11/21/2025	On-Line Enrollment
11/24/2025	PSOR on Address Completed
11/24/2025	Contact - Document Sent
11/25/2025	Contact - Document Received 1326/RI030.
11/25/2025	Comment
11/26/2025	Comment
11/26/2025	File Transferred To Field Office
12/08/2025	Application Incomplete Letter Sent
01/08/2026	SC-Application Received - Original
01/26/2026	Application Complete/On-site Needed
02/06/2026	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 Sterling Heights, Michigan. The home is a single-family residential home that is brick and two-story home. The home is structure includes a full basement and has a three-car garage. The first floor of the home consists of a living room, dining room, kitchen, one full bathroom, one half bathroom and two bedrooms. The second floor consists of three bedrooms and one full bathroom.

The 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 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 home is equipped with audible fire alarm signals installed and maintained in every resident bedroom and in all bedroom hallways to ensure prompt notification in the event of an emergency. There are fire extinguishers that are strategically placed and clearly marked as follows: Ground floor (first floor); Kitchen, mounted on the wall next to the refrigerator; Second floor, mounted on the wall directly in front of the stairway for rapid access during evacuation; Basement, mounted on the center support pillar located in the middle of the basement. The staff receive training in alarm response and the proper use of fire extinguishers, including recognizing when evacuation is required instead of attempting suppression. A working telephone is available and accessible to all residents, staff, and visitors at all times for emergency use. Emergency contact numbers are posted in conspicuous locations throughout the facility. Evacuation routes are posted and hung in every resident bedroom and all common areas of the facility. The designated point of safety for all evacuations is by the mailbox in the front lawn/yard. Staff shall conduct a headcount and report missing people immediately.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15 x 13	195	2
2	11.1 x 12	134	1
3	11.9 x 10.5	122	1
4	10.1 x 11.9	118.48	1
5	11.2 x 12.1	134.93	1

Total beds: 6

The living, dining and kitchen room areas measure a total of 1633.6 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 (6)** 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.

Residents must be compatible with others and appropriate for placement. Individuals requiring 24-hour nursing care, restraint, or medical isolation are not appropriate. An assessment plan is completed prior to admission and reviewed annually.

The applicant intends to provide 24-hour supervision, protection and personal care to **six** (6) male ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. Individuals with varying behavioral needs or limited mobility may be accepted when appropriate. The home does not serve individuals requiring skilled nursing care, two-person transfers, or mechanical-lift dependency. The program emphasizes person-centered planning, structured behavioral support, dignity, and safety-based decision-making. Services are delivered in a manner that promotes independence, emotional wellness, and quality of life, when appropriate and feasible based on resident needs and administrative discretion

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. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

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 SAINT TROPEZ L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 11/21/2025. 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 SAINT TROPEZ L.L.C. has submitted documentation appointing Akram Askar as Licensee Designee and Administrator for this facility. Riwan Askar is the designated person responsible for this facility.

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

Akram Askar have 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 6-bed facility is adequate and includes a minimum of 1__ staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

Akram Askar 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-6 resident ratio.

Akram Askar 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.

Akram Askar 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, Akram Askar 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.

Akram Askar 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, Akram Askar 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.

Akram Askar 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.

Akram Askar 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. Akram Askar 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.

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

Akram Askar 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, Akram Askar 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.

Akram Askar 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.

C. Rule/Statutory Violations

Akram Askar 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 1-6).



02/17/2026

LaShonda Reed
Licensing Consultant

Date

Approved By:



03/19/2026

Ardra Hunter
Area Manager

Date