



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 18, 2026

Nicholas Christensen  
3769 Quarton Rd  
Bloomfield Township, MI 48302

RE: License #: AS250419303  
HOMES Residential Care, LLC  
3473 West Wilson  
Clio, MI 48420

Dear Nicholas Christensen:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license with special certification for developmentally disabled and mentally ill will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa St.  
P.O. Box 30664  
Lansing, MI 48909  
(517) 648-8877

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250419303

**Licensee Name:** Nicholas Christensen

**Licensee Address:** 3769 Quarton Rd  
Bloomfield Township, MI 48302

**Licensee Telephone #:** (616) 914-3622

**Licensee/Licensee Designee:** Nicholas Christensen

**Administrator:** Nicholas Christensen

**Name of Facility:** HOMES Residential Care, LLC

**Facility Address:** 3473 West Wilson  
Clio, MI 48420

**Facility Telephone #:** (616) 914-3622

**Original Issuance Date:** 08/22/2025

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/12/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
Inspection completed prior to meal preparation/service.
- Fire drills reviewed? Yes  No  If no, explain.  
No record of fire drills to review.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.619                      Emergency preparedness plan.**

**(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.**

During my onsite inspection conducted on 02/12/2026, there was no record of fire drills.

**R 400.645                      Environmental health.**

**(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.**

During my onsite inspection conducted on 02/12/2026, the water temperature at the kitchen sink faucet was 142 degrees Fahrenheit, the water temperature in the bathroom with shower, sink and toilet was 131.9 degrees Fahrenheit, and the water temperature in the bathroom with bathtub, sink and toilet was 123.1 degrees Fahrenheit.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend issuance of a 2-year regular adult foster care license with special certification for developmentally disabled and/or mentally ill.



02/18/2026

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Cynthia Badour  
Licensing Consultant

Date