



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 10, 2026

Ihsan Asmar
Solace View Homes
25066 Canterbury RD
Franklin, MI 48025

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| RE: Application #: | AL730418256 Solace View Homes 3443 Hospital Rd Saginaw, MI 48603 |
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Dear Ihsan Asmar:

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 and special certification with a maximum capacity of 19 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) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

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| License #: | AL730418256 |
| Licensee Name: | Solace View Homes |
| Licensee Address: | 3443 Hospital Rd Saginaw, MI 48603 |
| Licensee Telephone #: | (989) 239-9304 |
| Administrator/Licensee Designee: | Juan Carrion / Ihsan Asmar |
| Name of Facility: | Solace View Homes |
| Facility Address: | 3443 Hospital Rd Saginaw, MI 48603 |
| Facility Telephone #: | (248) 881-7543 |
| Application Date: | 02/14/2024 |
| Capacity: | 19 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED |
| Special Certification: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

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| 02/14/2024 | On-Line Enrollment |
| 02/15/2024 | PSOR on Address Completed |
| 02/15/2024 | Inspection Report Requested - Fire |
| 02/15/2024 | Contact - Document Sent Fire Safety String |
| 02/15/2024 | Contact - Document Sent forms sent |
| 05/31/2024 | Contact - Document Sent 2nd request sent |
| 07/09/2024 | Contact - Document Received |
| 07/09/2024 | Contact - Document Sent need 1326 still |
| 07/15/2024 | Contact - Document Received 1326 |
| 08/05/2024 | File Transferred To Field Office |
| 08/06/2024 | Application Incomplete Letter Sent emailed application incomplete letter to LD. |
| 09/19/2024 | Application Incomplete Letter Sent 2nd application incomplete letter sent. |
| 10/11/2024 | Application Incomplete Letter Sent 3rd letter sent. |
| 10/28/2024 | Application Incomplete Letter Sent 4th letter sent. |
| 11/18/2024 | SC-ORR Response Received-Approval Saginaw CMH approval. |
| 11/21/2024 | Application Incomplete Letter Sent 6th application incomplete letter sent. |
| 03/13/2025 | Application Complete/On-site Needed |

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| 03/13/2025 | Inspection Completed On-site |
| 03/13/2025 | SC-Application Received - Original |
| 03/13/2025 | Application Incomplete Letter Sent Sent to LD and Administrator. |
| 10/28/2025 | Application Incomplete Letter Sent Sent to LD and Administrator. |
| 10/28/2025 | Confirming Letter Sent Sent to LD and Administrator. |
| 03/23/2026 | Inspection Completed – Fire Safety: A |
| 04/02/2026 | Inspection Completed – Env. Health: A |
| 04/02/2026 | Inspection Completed On-site |
| 04/02/2026 | Inspection Completed – BCAL Full Compliance |
| 04/10/2026 | Recommend License Issuance |
| 04/10/2026 | SC-Recommend MI and DD |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two story building, located in the Township of Saginaw, MI. This facility is located in close proximity to numerous community businesses and resources. This facility is owned by Solace View Homes LLC, the applicant. Solace View Homes is a Domestic Limited Liability Company organized on 11/15/2023.

There furnaces and hot water heater are located in separate mechanical rooms with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnaces and hot water heaters were inspected and approved with a BFS approval A rating on 03/23/2026. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. A residential sprinkler system has been installed giving full coverage to the facility. The laundry room is located on the main floor of the home. This facility is wheelchair accessible

The facility utilizes public water and sewer services. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health. On the 1st floor the facility has 15 bedrooms with each room having a full bathroom. On the 2nd floor the facility has 1 bedroom with a ½ bathroom, 1 bedroom with a full bathroom and 1 bedroom with 2 beds. There is also a full bathroom on the 2nd floor for resident use. The bedrooms are as follows:

| Bedroom # | Total Sq. Ft. | Resident Beds | Floor |
|-----------|---------------|---------------|-------|
| 1 | 179 sq. ft. | 1 | 1 |
| 2 | 140 sq. ft. | 1 | 1 |
| 3 | 152 sq. ft. | 1 | 1 |
| 4 | 152 sq. ft. | 1 | 1 |
| 5 | 152 sq. ft. | 1 | 1 |
| 6 | 152 sq. ft. | 1 | 1 |
| 7 | 152 sq. ft. | 1 | 1 |
| 8 | 152 sq. ft. | 1 | 1 |
| 9 | 152 sq. ft. | 1 | 1 |
| 10 | 152 sq. ft. | 1 | 1 |
| 11 | 152 sq. ft. | 1 | 1 |
| 12 | 152 sq. ft. | 1 | 1 |
| 13 | 152 sq. ft. | 1 | 1 |
| 14 | 152 sq. ft. | 1 | 1 |
| 15 | 152 sq. ft. | 1 | 1 |
| 16 | 187 sq. ft. | 1 | 2 |
| 17 | 387 sq. ft. | 2 | 2 |
| 18 | 185 sq. ft. | 1 | 2 |

The indoor living and dining area measure a total of 1,158.54 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. This facility also contains a medication room, staff office, and a full industrial kitchen with dining area large enough for all **nineteen (19)** residents. This facility contains a laundry room adequate to meet the needs of **nineteen (19)** residents.

Compliance with Rule 400.661, bedroom furnishings were demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

The facility has four separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.725. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas.

The home meets the environmental and interior finish requirements of rules R 400.645, R 400.665, R 400.647, R 400.651, R 400.653 and R 400.655.

Based on the above information, it is concluded that this facility can accommodate **nineteen (19)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The home is wheelchair accessible.

B. Program Description

The applicant, Solace View Homes LLC, submitted a copy of the required documentation. 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 **nineteen (19)** male or female ambulatory adults, aged 18 and older whose diagnosis of severe and chronic mental illness, and/or intellectual/developmental disabilities in achieving recovery and maintaining their optimal level of functioning in the least restrictive environment possible. 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: word of mouth, Nursing home, hospitals, and A & D Waiver.

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 assist residents with connecting with outside agencies for transportation for program and medical needs. The resident and/or family members are responsible for any related charges for transportation services.

The facility will make provision for a variety of leisure and recreational equipment. The residents may attend outside activities, such as church services, senior center activities, luncheons, fairs, bingo, exercise classes, family functions and other activities, at their own discretion or with DPOA approval. Activities in the home, such as card games, board games, tv, music, baking, enjoying the porches, pond and flowers is entirely left to the residents' choice. These activities will be offered to all the residents and participation is encouraged. A variety of activities will be offered to allow participation of all the residents regardless of their cognitive function.

C. Applicant and Administrator Qualifications

The applicant is Solace View Homes LLC, which is a "Domestic Limited Liability Company", was established in Michigan on 11/15/2023. 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 Solace View Homes LLC has submitted documentation appointing Ihsan Asmar as Licensee Designee and Juan Carrion as administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

The licensee designee/administrator 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 19-bed facility is adequate and includes a minimum of 1 staff-to-15 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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-to-resident ratio.

The applicant 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 employee's record to demonstrate compliance.

The applicant 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, 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 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, the applicant 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.

The applicant 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.

The applicant 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. The applicant 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.

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

The applicant 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, the applicant 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.

The applicant 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

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

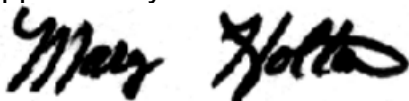
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| I recommend issuance of a temporary license and special certification to this AFC adult large group home (capacity 13-19). |
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04/10/2026

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| Martin Gonzales Licensing Consultant | Date |
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Approved By:



04/10/2026

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| Mary E. Holton Area Manager | Date |
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