



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 13, 2026

Akram Askar
Happy Home Center LLC
51125 Forster Ln
Shelby Township, MI 48316

RE: Application #: AS500420188
Cappri
11233 CAPRI DRIVE
WARREN, MI 48093

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 #:	AS500420188
Licensee Name:	Happy Home Center LLC
Licensee Address:	51125 Forster Ln Shelby Township, MI 48316
Licensee Telephone #:	(248) 818-2679
Administrator/Licensee Designee:	Akram Askar
Name of Facility:	Capri
Facility Address:	11233 CAPRI DRIVE WARREN, MI 48093
Facility Telephone #:	(313) 205-2045 01/05/2026
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/05/2026	On-Line Enrollment
01/07/2026	PSOR on Address Completed
01/07/2026	File Transferred to Field Office
01/09/2026	Application Incomplete Letter Sent
03/05/2026	Application Complete/On-site Needed
03/24/2026	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The small adult foster home is a single-family home located in the city of Warren, Michigan. The home is a one level, brick ranch style home. The home has an unfinished basement and main floor consisting of three resident bedrooms and 1.5 bathrooms. The main floor also has living room, kitchen, dining and family room. There is an attached two car garage. The home is wheelchair accessible and has ground level exits and at least 1 approved means of egress that is equipped with a ramp from the first floor. The home utilizes public water and sewage.

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. Smoke detectors are located in common areas, sleeping areas, and near the kitchen. Fire extinguishers are located on each floor. There is a fire extinguisher located and mounted in the kitchen. There is a fire extinguisher located in the basement of the home. 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	11.00 x 12.00	132	2
2	12.00 x 12.00	144	2
3	12.00 x 13.00	156	2

The living, dining, and family room areas measure a total of 591 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) male ambulatory or non-ambulatory residents, whose diagnosis is development delay or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from Macomb County CMH, or private pay individuals as a referral source.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

The licensee will provide all transportation for programming 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 Responsible Person Qualifications

The applicant is Happy Home Center LLC., which is a "Domestic Limited Liability Company", was established in Michigan, on 08/14/2023. 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

Board of Directors of Home Center LLC 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 1-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.

D. Rules or 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).



04/08/2026

LaShonda Reed
Licensing Consultant

Date

Approved By:



04/13/2026

Ardra Hunter
Area Manager

Date