GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2026

Lori Costanza
Powell House LLC
3848 Niles Rd
Saint Joseph, MI 49085

RE: Application #: AS110420403
Powell House AFC
3531 Niles Rd
Saint Joseph, MI 49085

Dear Ms. Costanza:

Attached is the Original Licensing Study Report for the above-mentioned 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 (616) 356-0100.

Sincerely,

Rodney Gill

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
gillr@michigan.gov
(517) 980-1433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS110420403
Applicant Name:	Powell House LLC
Applicant Address:	3531 Niles Rd Saint Joseph, MI 49085
Applicant Telephone #:	(269) 757-1504
Administrator/Licensee Designee:	Lori Costanza
Name of Facility:	Powell House AFC
Facility Address:	3531 Niles Rd Saint Joseph, MI 49085
Facility Telephone #:	(268) 281-0034
Application Date:	03/13/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/13/2026	Enrollment
03/13/2026	PSOR on Address Completed
03/13/2026	Application Incomplete Letter Sent 1326/RI030 and AFC-100.
03/13/2026	Contact - Document Sent App Inc sent via email.
03/25/2026	Contact - Document Received 1326/RI030 and AFC-100.
03/25/2026	Comment FP sent to Ashley.
03/26/2026	File Transferred To Field Office
03/26/2026	Application Incomplete Letter Sent to licensee designee Lori Costanza.
04/07/2026	Application Complete/On-site Needed
04/09/2026	Inspection Completed On-site
04/15/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This ranch style home is located in St. Joseph, MI off of M-63 in Northwestern Berrien County. The home is a stick-built construction with a full basement/lower level. The lower level will not be utilized by residents and will be primarily for storage and the heat plant of the home.

The front of the home has a ramp that leads to the entrance of the home. Upon entering through the front of the home, there is a small room which will be utilized by staff. Through that room is a corridor that connects to three private bedrooms. There is also a full bathroom for resident use. Through the corridor, there is another full bathroom and three private resident rooms. At the end of the corridor is the living room, kitchen, and dining room as one large open area. There is a full laundry room off the

dining room and a half bathroom next to the laundry room. There is also an entrance/exit on the back side of the home past the open dining and living area. This exit also has a ramp. Due to having ramps at both means of egress on the main level, the home is wheelchair accessible.

The gas furnace and hot water heater are located in the lower level in a room with a 1 3/4-inch solid core door, in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware providing an enclosed heat plant.

The gas furnace was last inspected on 10/15/25 by Brunke-Geiger Heating & Cooling. The HVAC Inspection Form indicated that the gas furnace was operating properly within required standards at time of inspection.

The hot water heater was last inspected on 12/9/25 by The Firm Plumbing Professional, LLC. The Inspection Form indicated that the Navien tankless water heater was found to be in good working order.

The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed and inspected by a licensed electrician and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaces along with all areas that contain flame or heat producing equipment

At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement. The fire extinguishers were last inspected and tested on 11/20/26 by Fox Fire Safety, Inc.

The home's clothes dryer is vented to the outside using permanent metal duct work.

The home uses public water and sewer.

The applicant owns both the home and property and provided documentation verifying ownership. The applicant also provided documentation allowing for Licensing and Regulatory Affairs to inspect the property.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	12 x 12' 11"	155	1
#2	12' 7" x 10' 6"	132	1
#3	15' 7" x 15' 10"	247	1
#4	10' 10" x 10' 11"	118	1
#5	9' 4" x 10' 1"	94	1
#6	13' 7" x 9' 2"	126	1

The living, dining, and sitting room areas measure a total of 600 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

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) both male and female ambulatory and non-ambulatory adults whose diagnoses are aged, physically handicapped, and/or traumatically brain injured in the least restrictive environment possible. The applicant agreed to provide care for only the populations the facility is licensed for.

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.

If required, behavioral intervention, crisis intervention programs, and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept private pay individuals as a referral source. The applicant intends to accept private-pay residents from a variety of sources.

The licensee will provide transportation for medical appointments on a fee-for-service basis. The facility also is served by local public transportation

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 shopping centers, community centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Powell House L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 09/28/2021. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The

applicant established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Powell House L.L.C. have submitted documentation appointing Lori Costanza as licensee designee and administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee / administrator.

The licensee designee / administrator submitted a medical clearance with a statement from a physician documenting the licensee designee / administrator's good health, dated 4/6/26, and verification that licensee designee / administrator had a baseline screening for communicable diseases and records of illness as required per the new ruleset.

The licensee designee / administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The licensee designee / administrator is a registered nurse (RN) with over twenty-three years of experience and is currently the owner and operator of two Adult Foster Care (AFC) facilities. The licensee designee / administrator has demonstrated expertise in resident care, supervision, medication administration, and regulatory compliance. The licensee designee / administrator is experienced in managing AFC operations, staffing, safety, and resident rights in accordance with Michigan licensing requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff-to six residents per shift. The applicant acknowledges that the staff-to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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.

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)

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 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, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 facility as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the facility for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created 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 resident's personal money transactions that have been agreed to be managed by the applicant.

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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

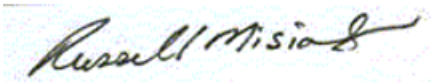
IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

4/15/26

Rodney Gill — Date
Licensing Consultant

Approved By:



4/17/26

Russell B. Misiak — Date
Area Manager