GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 28, 2026

Laura Hatfield-Smith
REM Michigan LLC
Suite 1
6185 Tittabawassee
Saginaw, MI 48603

RE: Application #: AS440419629
REM Michigan Burnside
4895 Burnside Road
North Branch, MI 48461

Dear Laura Hatfield-Smith:

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 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 (517) 643-7960.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS440419629
Applicant Name:	REM Michigan LLC
Applicant Address:	South Suite 350 6600 France Ave Edina, MN 55435
Applicant Telephone #:	(989) 791-7174
Licensee Designee:	Laura Hatfield-Smith
Administrator:	Laura Hatfield-Smith
Name of Facility:	REM Michigan Burnside
Facility Address:	4895 Burnside Road North Branch, MI 48461
Facility Telephone #:	(810) 688-1032
Application Date:	05/30/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/30/2025	Enrollment
05/30/2025	Inspection Report Requested - Health Invoice#: 1035089
05/30/2025	SC-Application Received - Original
06/03/2025	File Transferred To Field Office
06/04/2025	Application Incomplete Letter Sent
04/28/2026	Application Complete/On-site Needed
04/28/2026	PSOR on Address Completed
04/28/2026	SC-ORR Response Requested
04/28/2026	SC-ORR Response Received-Approval
04/28/2026	SC-Inspection Completed On-Site
04/28/2026	SC-Inspection Full Compliance
04/28/2026	SC-Recommend MI and DD
04/28/2026	Inspection Completed On-site
04/28/2026	Inspection Completed-BCAL Full Compliance
04/28/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located at 4895 Burnside Rd, North Branch, MI 48461 in Lapeer County. The physical plant is a single level structure constructed of brick and vinyl, located in the Township of North Branch. The front main entrance leads to a sitting room and dining area. The facility also has a commercially equipped kitchen, a laundry room, a staff office, utility room, and living room. There are two full bathrooms available for residents use. The facility is located within a few miles of shopping centers, banks, medical facilities, and other community-based resources. The facility is not wheelchair accessible. This facility is owned by REM Michigan Inc., LLC.

The furnace and hot water heater are located in the basement area, in a room that is constructed of material that has a 1-hour-fire-resistance rating. The furnace and hot water heaters were inspected on 02/24/2026 and are in good working order. This facility is currently licensed under AS440387155 and an environmental health inspection was conducted on 06/09/2025 under this license number with an “A” rating. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The laundry room is located on the main floor of the facility.

The facility utilizes a private well and a private septic system. An environmental health inspection was completed on 06/09/2025 with an “A” rating. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

Bedroom #	Total Square Footage	Total Resident Beds
Bedroom 1	280 Sq. Ft.	2
Bedroom 2	320 Sq. Ft.	2
Bedroom 3	240 Sq. Ft.	1
Bedroom 4	280 Sq. Ft.	1

The living, dining, and sitting room areas measure a total of 970 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with requirements for bedroom furnishings, was 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 home 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 exceeded 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. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements to meet licensing rules.

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, REM Michigan Inc., LLC, has 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 six (6) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, and traumatic brain injury in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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 applicant will ensure that the residents' transportation and medical needs are met. The applicant has transportation available for residents to access community-based resources and services. 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, REM Michigan Inc., LLC which is a "Domestic Profit Corporation", was established in Michigan, on 12/16/2024. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. 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 applicant has a board of directors that oversee the company.

REM Michigan Inc., LLC submitted a written statement naming Laura Hatfield-Smith as the licensee designee and facility administrator. Laura Hatfield-Smith submitted licensing record clearance requests that were completed with no LEIN convictions recorded. Laura Hatfield-Smith also submitted medical clearance requests with statements from a physician documenting their good health and current TB-test negative results. Laura Hatfield-Smith 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 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.

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 1 to 6 resident ratios.

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 employees 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 and Statutory Violations

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

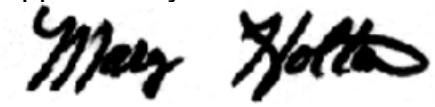
IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 3-6).

04/28/2026

Kent W Gieselman Date
Licensing Consultant

Approved By:



04/28/2026

Mary E. Holton Date
Area Manager