



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 29, 2026

Stacey Kalisz
Cardinal Cove Senior Assisted Living, LLC
9242 Lapeer Road
Davison, MI 48423

RE: Application #: AL250418851
Cardinal Cove Senior Assisted Living
9242 Lapeer Rd.
Davison, MI 48423

Dear Stacey Kalisz:

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 20 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,

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

Cynthia Badour, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(517) 648-8877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250418851
Applicant Name:	Cardinal Cove Senior Assisted Living, LLC
Applicant Address:	9242 Lapeer Road Davison, MI 48423
Applicant Telephone #:	(810) 653-2111
Licensee Designee:	Stacey Kalisz
Administrator:	Tiffany Giammarco
Name of Facility:	Cardinal Cove Senior Assisted Living
Facility Address:	9242 Lapeer Rd. Davison, MI 48423
Facility Telephone #:	(810) 653-2111
Application Date:	09/27/2024
Capacity:	20
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/27/2024	Enrollment
09/27/2024	Comment Applicant may have sent in wrong application type. Email sent out to verify if the applicant meant to send in Individual application or if they meant to send in LLC application.
09/27/2024	PSOR on Address Completed
09/27/2024	Inspection Report Requested - Fire
09/27/2024	Application Incomplete Letter Sent 1326/RI030 AFC-100
10/01/2024	Contact - Document Sent Forms sent.
10/25/2024	Comment Received an email from Tiffany with email addresses to contact at.
11/06/2024	Contact - Document Received
11/06/2024	Contact - Document Received Fire Invoice
11/06/2024	Comment Sent email regarding in LD in new application that was received and verifying who the licensee designee is.
12/03/2024	Contact - Document Sent Sent Stacey the 1326/RI030 as another LD.
04/09/2025	Comment 2nd app letter.
04/09/2025	Contact - Document Sent 2nd APPINC.
05/20/2025	Contact - Document Received 1326/RI030 x2
05/20/2025	Comment Fingerprints sent to Ashley.
05/21/2025	File Transferred to Field Office

06/12/2025	Application Incomplete Letter Sent
03/13/2026	Inspection Completed-Fire Safety: A
03/25/2026	Application Complete/On-Site Needed
04/07/2026	Inspection Completed On-Site
04/07/2026	Inspection Completed-Env Health: A
04/08/2026	Inspection Completed-BCAL Sub. Compliance
05/04/2026	Application Incomplete Letter Sent
05/20/2026	PSOR on Address Completed No hits
05/20/2026	Inspection Completed On-Site Documentation Received/virtual
05/20/2026	Inspection Completed-BCAL Full Compliance
05/20/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Cardinal Cove Assisted Living is a new construction, single story ranch building with vinyl siding and stone veneer. Located behind the medical office of Dr. Asif Ishaque, and near to M-15 (State Rd.) Davison and I-69 in Davison Township. The property is listed as Cardinal Real Property LLC, which is owned by Dr. Asif Ishaque. Cardinal Cove Assisted Living is in a combined residential and commercial area located conveniently within a 5-mile radius of multiple shopping areas, parks, entertainment and community services next to the City of Davison in Davison Township. The paved parking lot provides ample parking located in the front of the building.

There are two (2) furnaces, and two (2) hot water heaters located on the facility's main floor, in a mechanical room with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. On 04/08/2026, the furnaces and hot water heaters were inspected by Konieczka Heating and Cooling Inc. and found to be in good working order. The Bureau of Fire Services approved the facility on 03/13/2026. 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 facility.

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 effective 04/07/2026.

There are 14 single private bedrooms, 2 of which are barrier free (bedrooms #5-6), plus 3 shared (2 beds each-bedrooms #1-3) available. All bedrooms have full bathrooms (toilet, sink, tub and/or shower with windows and mechanical fan for ventilation. The bedrooms are as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.6 x 22.8	303 sq. feet	2
2	12.6 x 22.8	303 sq. feet	2
3	12.6 x 22.8	303 sq. feet	2
4	15 x 18.9	283 sq. feet	1
5	15.7 x 20.3	318 sq. feet	1
6	15.7 x 20.3	318 sq. feet	1
7	15 x 18.9	283 sq. feet	1
8	15 x 18.9	283 sq. feet	1
9	15 x 18.9	283 sq. feet	1
10	15 x 18.9	283 sq. feet	1
11	15 x 18.9	283 sq. feet	1
12	15 x 18.9	283 sq. feet	1
13	15 x 18.9	283 sq. feet	1
14	15 x 18.9	283 sq. feet	1
15	15 x 18.9	283 sq. feet	1
16	15 x 18.9	283 sq. feet	1
17	15 x 18	275 sq. feet	1

The lobby, dining, and gathering room areas measure a total of 1094.8 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The dining area is large enough to accommodate 20 residents. The facility is wheelchair accessible.

The facility has a full industrial kitchen, office, salon, medication room, separate private gathering room, and staff locker room. The facility has two (2), half bathrooms available off the main hallway and one-half bathroom (toilet, sink) between the laundry room and salon. The facility contains a laundry room adequate to meet the needs of 20 residents.

The facility has five 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.

Based on the above information, it is concluded that this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Cardinal Cove Senior Assisted Living 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 20 male or female ambulatory adults, age 60 or older, whose diagnosis is aged and/or physically handicapped 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.

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 for program and medical needs are met. The applicant/facility will also provide transportation to transport residents to access community-based resources and services.

In addition to the above program elements, 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 is Cardinal Cove Senior Assisted Living LLC., which is a "Domestic Limited Liability Company", was established in Michigan on 08/25/2023. 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.

Cardinal Cove Senior Assisted Living, LLC., through Agent Asif Ishaque, has submitted documentation appointing Stacey Kalisz as Licensee Designee and Tiffany Giammarco Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting her good health.

The licensee designee and administrator 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 20-bed facility is adequate and includes a minimum of 2 staff-to-20 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 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 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 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

I recommend issuance of a temporary license to this adult foster care large group home (capacity 13-20).



05/29/2026

Cynthia Badour
Licensing Consultant

Date

Approved By:



05/29/2026

Mary E. Holton
Area Manager

Date