



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 18, 2026

Cajetan Kimfon
Care Providers LLC
705 Queens Way
Canton, MI 48188

RE: Application #: AS090420285
Harmony Residence by American Angels
1954 W. Midland Rd
Auburn, MI 48611

Dear Cajetan Kimfon:

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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink, appearing to read "Kent W. Gieselman".

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 #:	AS090420285
Licensee Name:	Care Providers LLC
Licensee Address:	39288 Notingham St. Westland, MI 48185
Licensee Telephone #:	(734) 469-6719
Licensee Designee:	Cajetan Kimfon
Administrator:	Cajetan Kimfon
Name of Facility:	Harmony Residence by American Angels
Facility Address:	1954 W. Midland Rd Auburn, MI 48611
Facility Telephone #:	(734) 469-6719
Application Date:	02/09/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/09/2026	On-Line Enrollment
02/17/2026	PSOR on Address Completed
02/17/2026	Contact - Document Sent forms sent via email
03/18/2026	Contact - Document Received 1326/RI030, Updated APP, MC
03/18/2026	File Transferred to Field Office
03/23/2026	Application Incomplete Letter Sent
06/02/2026	Application Complete/On-site Needed
06/11/2026	Inspection Completed On-site
06/11/2026	Inspection Completed-BCAL Full Compliance
06/18/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located at 1954 W. Midland Rd, Auburn, MI in Bay County Michigan. The physical plant is a split-level structure constructed of brick and vinyl. The front main entrance leads to a lower and upper level of this facility. The facility has a fully equipped kitchen, a laundry room, a staff office and utility room. There are two full bathrooms available for residents use with one full bathroom on each resident occupied level. There are two resident bedrooms on the upper level and two resident bedrooms on the lower level. 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 Care Providers LLC, the applicant.

The furnace and hot water heater are located in the lower-level 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 08/31/2025 and are in good working order. 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 in the lower level of the facility.

The facility utilizes public utilities. 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	221 Sq. Ft.	2
Bedroom 2	144 Sq. Ft.	1
Lower level		
Bedroom 3	195 Sq. Ft.	2
Bedroom 4	144 Sq. Ft.	1

The living, dining, and sitting room areas measure a total of 584 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 two 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, Care Providers LLC, has submitted a copy of the required documentation. Care Providers LLC is a Michigan Limited Liability Corporation established on 09/18/2018 and is in good standing. 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 mentally ill, aged, physically handicapped, or developmentally disabled 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 applicants have 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 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 submitted a written statement naming Cajetan Kimfon the licensee designee and facility administrator. The applicant has submitted a licensing record clearance request that was completed with no LEIN convictions recorded. The applicant also submitted medical clearance requests with statements from a physician documenting their good health and current TB-test negative results. The applicant 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 acknowledged 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 applicants have 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 acknowledged 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 acknowledged 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledged 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 acknowledged 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 to this AFC adult small group home (capacity 3-6).

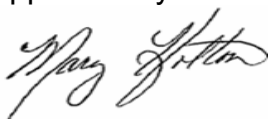


06/18/2026

Kent W. Gieselman
Licensing Consultant

Date

Approved By:



06/18/2026

Mary E. Holton
Area Manager

Date