GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 9, 2026

Brittany Bellman-Dean
15530 N Park Ave
EASTPOINTE, MI 48021

RE: Application #: AS820419796
GiveThanks
16900 Mark Twain
Detroit, MI 48235

Dear Ms. Bellman-Dean:

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 4 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 (313) 456-0380.

Sincerely,

Shatonla Daniel

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd
Detroit, MI 48202
(313) 919-3003

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820419796
Licensee Name:	Brittany Bellman-Dean
Licensee Address:	15530 N Park Ave Eastpointe, MI 48021
Licensee Telephone #:	(313) 516-6199
Administrator/Licensee Designee:	N/A
Name of Facility:	GiveThanks
Facility Address:	16900 Mark Twain Detroit, MI 48235
Facility Telephone #:	(313) 332-0332
Application Date:	07/31/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/31/2025	On-Line Enrollment
07/31/2025	On-Line Application Incomplete Letter Sent 1326/AFC100
08/04/2025	PSOR on Address Completed
08/04/2025	Contact - Document Sent
08/26/2025	Contact - Document Received 1326/AFC100 rec'd
08/26/2025	Lic. Unit file referred for background check review
09/10/2025	Application Incomplete Letter Sent
10/03/2025	Contact - Document Received
11/18/2025	Contact - Document Sent
12/02/2025	Contact - Document Received
12/11/2025	Inspection Completed On-site
12/11/2025	Inspection Completed-BCAL Sub. Compliance
05/08/2026	Inspection Completed-BCAL Full Compliance
05/13/2026	Contact - Document Received
05/19/2026	Application Complete/On-site Needed
05/19/2026	SC-Application Received - Original
05/26/2026	Contact- Document Received
05/26/2026	Contact- Telephone call made

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Facility Location and Neighborhood Overview:
GiveThanks home is located in a residential area on the west side of Detroit. The home is within a 10 mile radius of Sinai Grace Hospital and Behavior Center, Northwest

Activities center and many local convenience stores, area churches. The facility has access to street and driveway parking for staff and visitors.

Due to the facility's location, it utilizes both public water and sewage system and is determined to be in substantial compliance with all applicable environmental health and safety rules.

Ownership and Inspection Authorization Section:
The owner of the facility is Robert Matthews and the applicant leases from the owner. The owner's current address listed on the lease is 18460 Ohio, Detroit, MI 48221. A copy of the current lease agreement was provided with permission for facility to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property.

Description of Facility, Layout, and Interior/Exterior Arrangement:
The facility is a grey aluminum siding two story colonial home with a primary and secondary means of egress. The facility does not have wheelchair ramps at two approved means of egress from the first floor; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The home has open kitchen and dining areas with a spacious living room on the first floor. The second floor has three resident bedrooms and one full bathroom.
The second floor bathroom consists of a toilet, sink, walk in shower, tub, window and mechanical fan for ventilation.

The basement is a nonresident area and consist of the heating plant with a gas furnace and hot water heater, in addition to the gas powered dryer and washer, and are located in the facility's basement. A 90 minute fire door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The furnace and electrical system were inspected on 10/28/2024 and 11/11/2024 by licensed service provider, respectively, and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

Fireplaces, if applicable, and Acknowledgement of Portable Heating Units:
The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when

determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 11/11/24 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 spaced along with all areas that contain flame or heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Resident Beds
West	10.17 ft. X 10 ft. 4.25 ft. X 3 ft.	114.45 sq. ft.	1
North	13.92 ft X 11.25	163.56 sq. ft.	2
Northeast	13 ft. X 10 ft.	130 sq. ft.	1
Total			4

The living, dining, and sitting room areas measure a total of _336.97_ 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 **Four** (4) 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 **four (4)** male or female disabled and mentally impaired in the least restrictive environment possible.

Provide a concise summary of the applicant's program statement, highlighting the program's purpose, services offered, and any unique program features. The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide

stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and 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 residents from local community mental health agencies, local Department of Health and Human Services, and private pay individuals as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty. **Specialized Certification**: The applicant shall provide or arrange transportation for residents.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant has cash in savings and income from savings and outside employment. The applicant acknowledges the department may request an operational budget, invoices, purchase orders, receipts and other nonproprietary financial documents maintained in the normal course of business to demonstrate the provision of care and services for an Adult Foster Care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Brittany Bellman-Dean. The Brittany Bellman-Dean also submitted a medical clearance with a statement from a physician documenting the Brittany Bellman-Dean good health, dated 05/20/2026 and verification Brittany Bellman-Dean has a baseline screening for communicable diseases and records of illness on hiring.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Provide a brief summary of the applicant and administrator's AFC experience and a concise overview of the key qualifications and work history. The applicant has several years of experience as an adult foster care licensee, with direct care experience serving individuals with mental illness and developmentally disabilities. The applicant has provided assistance with activities of daily living, including personal care, medication

administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this _4_ bed facility is adequate and includes a minimum of _1_ staff –to- _4_ 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 home 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 home 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 home 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.

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 4).

05/29/2026

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Shatonla Daniel — Date
Licensing Consultant

Approved By:

06/09/2026

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Ardra Hunter — Date
Area Manager