



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 1, 2026

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

RE: Application #: AS250419614
REM Michigan Lake Road
1220 W. Lake Road
Clio, MI 48420

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,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250419614
Applicant Name:	REM Michigan LLC
Applicant Address:	South Suite 350 6600 France Ave Edina, MN 55435
Applicant Telephone #:	(989) 791-7174
Administrator/Licensee Designee:	Laura Hatfield-Smith, Designee
Name of Facility:	REM Michigan Lake Road
Facility Address:	1220 W. Lake Road Clio, MI 48420
Facility Telephone #:	(810) 686-1393
Application Date:	05/30/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/01/2024	Inspection Completed-Env. Health : A See AS250411497.
05/30/2025	Enrollment
05/30/2025	PSOR on Address Completed
05/30/2025	File Transferred To Field Office
06/02/2025	Application Incomplete Letter Sent
02/11/2026	Contact - Document Received Received required documents from applicant.
02/11/2026	SC- Application Received – Original
03/16/2026	Contact - Document Received Received required documents from applicant.
03/20/2026	Contact - Document Received Received required documents from applicant.
03/20/2026	Application Complete/On-site Needed
05/20/2026	Inspection Report Requested - Health
05/22/2026	Inspection Completed On-site
06/03/2026	Inspection Completed-Env. Health : A
06/03/2026	Inspection Completed-BCAL Full Compliance
07/01/2026	Recommend License Issuance
07/01/2026	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

REM Lake Road is a ranch style home that is located in Clio, MI. The home is partially built into a hill and there is a two-car garage attached to the basement level, which has room for storage. The facility has a long driveway for parking space for staff and visitors. The home is owned by Genesee Health Systems.

The main level of the home consists of a living room, kitchen, dining area, two full baths, laundry room and three resident bedrooms. The level has a total of two entrance/exits, one at the front and one in the rear of the facility. There is a large wooden covered porch at the front entrance and another large wooden deck located off the sliding glass doors in the dining area.

The basement level of the home consists of one staff office, one recreation room, a medication room, and a furnace room. Directly off the recreation room area is the exit through a two-car attached garage.

The furnace and hot water heater are located in the basement of the home and are separated from residents by a fully stopped, fire rated metal door that is equipped with an automatic self-closing device and positive-latching hardware. The furnace was last inspected by a certified HVAC technician on 2/26/2026. There is at least one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	21' 6" x 18' 6" = 398 square feet	
Dining area	12' 4" x 9' 5" = 116 square feet	
Bedroom #1	12' x 12' = 144 square feet	2 residents
Bedroom #2	12' x 12' = 144 square feet	2 residents
Bedroom #3	14' 3" x 12' = 171 square feet	2 residents

The living and dining room areas measure a total of 514 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The home has a private water supply and private sewage disposal system. The Genesee County Health Department completed an inspection at this home on 6/3/2026 and gave it an "A" approval rating.

B. Program Description

REM Lake Road has the capacity to provide 24-hour supervision, protection, and personal care for up to six male and/or female residents aged eighteen and over, who suffer from mental illness, physically handicapped and/or developmental disabilities. ResCare Lake Road is designed to provide skills training that is vital to regaining autonomy and reestablishing quality, productive lifestyles. The program focuses on the functional maintenance of previous gains and supports, the acquisition of new skills, all the while emphasizing quality of life. Treatment plans are individualized to address the specific interests, strengths, and needs of the consumer as written in each individual plan of service. This home is not wheelchair accessible.

C. Applicant and Administrator Qualifications

The applicant is REM Michigan LLC, which was established in Delaware, on 12/16/2024. 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 members of REM Michigan LLC. have submitted documentation appointing Laura Hatfield-Smith as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed and approved for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and baseline screening for all communicable diseases.

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 six-bed facility is adequate and includes a minimum of two 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 home for adult foster care.

The applicant acknowledges their responsibility to obtain the required 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 that a separate form 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 residents' 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. Compliance with the physical plant rules has been determined. Compliance with Quality-of-care will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

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



7/1/2026

Christopher Holvey
Licensing Consultant

Date

Approved By:



7/1/2026

Mary E. Holton
Area Manager

Date