



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 1, 2026

Anita Stamatopoulos
7733 Woodbrook
Ann Arbor, MI 48103

RE: Application: AS810420810
Cottage West Assisted Living
685 N Wagner Road
Ann Arbor, MI 48103

Dear Ms. Stamatopoulos:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #:	AS810420810
Applicant Name:	Cottage West Assisted Living, LLC
Applicant Address:	7733 Woodbrook Ann Arbor, MI 48103
Applicant Telephone #:	(734) 276-1213
Administrator/Licensee Designee:	Anita Stamatopoulos
Name of Facility:	Cottage West Assisted Living
Facility Address:	685 N Wagner Road Ann Arbor, MI 48103
Facility Telephone #:	(734) 276-1213
Application Date:	06/23/2026
Capacity:	6
Program Type:	Aged

II. METHODOLOGY

03/10/2026	Inspection Report Requested - Health inv# 1035691
03/10/2026	Application Incomplete Letter Sent 1326/RI030 and additional \$50.00 for application fee
03/10/2026	Contact - Document Sent
03/18/2026	Contact - Document Received 1326/Ri030,
03/18/2026	File Transferred to Field Office
03/19/2026	Application Incomplete Letter Sent
03/31/2026	Inspection Completed On-site
04/15/2026	Inspection Completed-Env. Health: A
06/23/2026	Enrollment
06/23/2026	PSOR on Address Completed
06/23/2026	Contact - Document Received 1326/RI030
06/23/2026	Application Incomplete Letter Sent AFC100 for admin listed on app
06/23/2026	Contact - Document Sent

06/26/2026	Contact - Document Received AFC 100
06/26/2026	Application Incomplete Letter Sent
06/30/2026	Application Complete/On-site Needed
07/01/2026	Inspection Completed BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Facility Location and Neighborhood Overview:

The facility is currently licensed as an Individual type, see AS810420395, but has changed licensee type to an LLC. It's located in a residential area in Ann Arbor, MI. and is close to a large shopping mall. Due to the facility's location, both private water and sewer, which were both inspected by the Washtenaw County Environmental Health Division on 4/15/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

Ownership and Inspection Authorization Section:

The applicant owns the facility as verified by a copy of the deed and has requested approval 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 ranch style home. The facility has both primary and secondary means of egress. The facility has exits at grade at two approved means of egress from the first floor; therefore, the facility is wheelchair accessible and can accept residents who require regular use of a wheelchair. The facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

The main floor consists of 6 bedrooms, a kitchen, dining room, 2 full bathrooms, and a living room. The laundry room uses electric washer/dryer.

The boiler and hot water heater, in addition to the electric washer and dryer, are located on the facility's main floor in a room constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor

and in the basement. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The furnace and electrical system were inspected on 4/1/2026 by a licensed contractor and both were determined to be in good condition and function properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

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.

If hardwired smoke detectors are utilized:

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 4/15/2026 and determined to be fully operational and in good condition. Smoke detectors are in all sleeping areas, on each occupied floor, basement, living rooms, 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	Total Resident Beds
1	11'x13'	143	1
2	11'x13'	143	1
3	11'8"x15'	175	1
4	12'x12'	144	1
5	12'x11'9"	141	1
6	14'6"x12'	174	1

The living, dining, and sitting room areas measure a total of 286 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 **six** (6) 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 **six (6)** both male and female ambulatory and/or non-ambulatory adults whose diagnosis is aged in the least restrictive environment possible.

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 providing 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 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.

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 is Cottage West Assisted Living, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 03/09/2026. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 Cottage West Assisted Living, L.L.C. have submitted documentation appointing Anita Stamatopoulos as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Anita Stamatopoulos. The applicant submitted a medical clearance with a statement from a physician documenting the applicant's good health.

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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 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 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 to document the date and amount of the adult foster care service fee paid each month and all 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 3- 6).



Jeffrey J. Bozsik
Licensing Consultant

Date: 7/1/2026

Approved By:



Ardra Hunter
Area Manager

Date: 7/1/2026