



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 7, 2026

Leighton Shields
Trinity Care Service Inc
17530 Roselawn Street
Detroit, MI 48221

RE: Application #: AS820420187
Trinity Care Service
17530 Roselawn Street
Detroit, MI 48221

Dear Mr. Shields:

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 cursive script, reading "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820420187
Licensee Name:	Trinity Care Service Inc
Licensee Address:	17530 Roselawn Street Detroit, MI 48221
Licensee Telephone #:	(917) 295-4638
Administrator/Licensee Designee:	Leighton Shields
Name of Facility:	Trinity Care Service
Facility Address:	17530 Roselawn Street Detroit, MI 48221
Facility Telephone #:	(917) 295-4638
Application Date:	01/05/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

01/05/2026	On-Line Enrollment
01/06/2026	PSOR on Address Completed
01/06/2026	Contact - Document Sent
01/20/2026	Contact - Document Received 1326/RI030, IRS LTR, Med Clr
03/13/2026	Application Incomplete Letter Sent
04/30/2026	Contact - Document Sent
05/03/2026	Contact - Document Received
05/20/2026	Contact - Document Sent
06/23/2026	Inspection Completed On-site
06/23/2026	Inspection Completed-BCAL Sub. Compliance
06/23/2026	Application Incomplete Letter Sent
06/26/2026	Application Complete/On-site Needed
06/26/2026	Inspection Completed On-site
06/26/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is in a residential area in Detroit, Michigan. Nearby major roads are Six Mile Rd. and Wyoming St. Sinai-Grace Hospital is about two miles from the facility. Henry Ford Hospital Main is less than eight miles from the facility. There are multiple fast-food chains such as McDonald's, Popeyes Louisiana Chicken and KFC within miles of the facility. For recreational activities, Ella Fitzgerald Park is located less than one mile from the facility, and Rouge Park is located about 10 miles from the facility. There is a driveway available for parking. There is also available parking in front of the facility. The facility uses both public water and sewage system.

The owner of the facility is HVB Investors LLC. I verified ownership via the City of Detroit Municipality Website. The applicant submitted a copy of the lease as well as permission to occupy the facility for adult foster care purposes.

The facility is a two-story home. 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 main floor consists of a living room, dining room, sitting room with office space, kitchen, a full bathroom and three resident bedrooms. Resident bedroom #2 has a full bathroom attached to it. There are at least two means of egress from the main floor.

The second floor consists of a living room, dining room, sitting room, kitchen, a full bathroom, three resident bedrooms, and a stairway.

The basement consists of the heating plant, washer and dryer, storage space, and a stairway. The basement will not be available for resident use.

The furnace and hot water heater, in addition to the washer and dryer are in the facility's basement. A 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the bottom of the stairs to create floor separation. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The steam boiler and water heater were inspected on 05/12/2026 by TCB Plumbing. It was 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.

The facility is equipped with interconnected, hardwired smoke detection system, with battery back-up, which was inspected by a licensed electrician on 04/07/2026 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, 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	11'8"X11'3"	131.29	1
2	15'9"X10'7"	166.64	1
3	11'2"X10'2"	113.60	1
4	15'10"X10'7"	167.48	1
5	11'X11'8"	128.37	1
6	10'2"X11'2"	113.60	1

The living, dining, and sitting room areas measure a total of 1,071 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)** male and female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, traumatic brain injury, and/or physically handicapped 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 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, programs or agencies working with the aged populations such as Senior Care Partners, private pay individuals, and/or Adult Protective Services 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 Trinity Care Service Inc., which is a “For Profit Corporation” was established in Michigan, on 12/01/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Trinity Care Service Inc. have submitted documentation appointing Leighton Shields as Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Shields. Mr. Shields submitted a medical clearance with a statement from a physician documenting Mr. Shield’s good health, dated 01/15/2026. Mr. Shields submitted verification of a tuberculosis screening as well.

Mr. Shields have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Shields has several years of direct care experience serving individuals whose diagnosis is developmentally disabled, mentally impaired, aged, traumatic brain injury, and/or physically handicapped with mental illness and developmentally disabilities. He helped with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support.

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. Mr. Shields acknowledged 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. Mr. Shields has indicated that direct care staff will be awake during sleeping hours.

Mr. Shields 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.

Mr. Shields acknowledged 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.

Mr. Shields 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.

Mr. Shields acknowledged 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, Mr. Shields 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.

Mr. Shields acknowledged his 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, Mr. Shields acknowledged his 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.

Mr. Shields acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mr. Shields acknowledged his 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.

Mr. Shields acknowledged his 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.

Mr. Shields acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Shields acknowledged recording each resident's funds and itemized transactions including payment for services. Mr. Shields acknowledged 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.

Mr. Shields acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Shields indicated that it is his intent to achieve and maintain compliance with these requirements.

Mr. Shields 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. Mr. Shields has indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Shields acknowledged his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mr. Shields acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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 6).



07/07/2026

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



07/07/2026

Ardra Hunter
Area Manager

Date