GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 31, 2026

Benedicto Arcenal
Home for Mom and Dad II ALF LLC
30352 Kingsway Dr
Farmington Hills, MI 48331

RE: License #: AL820420028
Home For Mom and Dad II ALF
39625 Plymouth Rd
Plymouth, MI 48170

Dear Mr. Arcenal:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

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
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AL820420028
Licensee Name:	Home for Mom and Dad II ALF LLC
Licensee Address:	30352 Kingsway Dr Farmington Hills, MI 48331
Licensee Telephone #:	(734) 272-9402
Licensee/Licensee Designee:	Benedicto Arcenal, Designee
Administrator:	Benedicto Arcenal
Name of Facility:	Home For Mom and Dad II ALF
Facility Address:	39625 Plymouth Rd Plymouth, MI 48170
Facility Telephone #:	(734) 234-1429
Original Issuance Date:	02/11/2026
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/24/2026, 07/31/2026

Date of Bureau of Fire Services Inspection if applicable: 7/22/26

Date of Health Authority Inspection if applicable: 7/31/2026

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 19
No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒ If no, explain.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

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Jeffrey J. Bozsik Date: 7/31/2026
Licensing Consultant