GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 3, 2026

Hongmei Delosh
2359 Gale Is
WHITE LAKE, MI 48386

RE: Application #: AL460420172
Evergreen Assisted Living Home
233 Baker Street
Morenci, MI 49256

Dear Hongmei Delosh:

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 20 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL460420172
Licensee Name:	Hongmei Delosh
Licensee Address:	2359 Gale Is WHITE LAKE, MI 48386
Licensee Telephone #:	(734) 780-1529
Administrator:	Hongmei Delosh
Name of Facility:	Evergreen Assisted Living Home
Facility Address:	233 Baker Street Morenci, MI 49256
Facility Telephone #:	(734) 780-1529
Application Date:	12/26/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL AGED ALZHEIMERS

II. METHODOLOGY

10/27/2025	Inspection Completed-Fire Safety : A From AL460070146.
12/26/2025	On-Line Enrollment
12/29/2025	PSOR on Address Completed
12/29/2025	Contact - Document Sent forms sent.
01/05/2026	Contact - Telephone call received LD went to get FP done at a closed location will be getting their FP done later this week at a new location.
01/22/2026	Contact - Document Received 1326/RI030 and Medical Clearance.
01/22/2026	Comment FP sent to Ashley.
02/04/2026	Contact - Document Sent Sent the applicant another copy of the 1326/RI030 to get the fingerprints done again.
02/23/2026	Contact - Document Received 1326/RI030.
02/23/2026	Comment FP sent to Ashley.
02/24/2026	File Transferred To Field Office
03/02/2026	Application Incomplete Letter Sent
07/20/2026	Application Complete/On-site Needed
07/21/2026	Inspection Completed On-site
07/21/2026	Inspection Completed-BCAL Full Compliance
07/21/2026	Inspection Completed-Env. Health : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Facility Location and Neighborhood Overview:
The facility is a two-story building with exterior vinyl siding, primely located near a police station and fire department. Generally speaking the area is semi-rural but there are restaurants, general stores and a grocery nearby. Across the street there is a large public parking lot that visitors can utilize

A public sewer and water system through the City of Morenci services the facility while a private vendor with weekly pickup provides garbage disposal.

Ownership and Inspection Authorization Section:
The facility is owned by Morenci Holdings LLC, and a copy of the deed was provided and placed in the facility folder. The property is under a land contract with Citizens for Quality Care Morenci. The owner provided the department with permission to inspect the facility.

Description of Facility, Layout, and Interior/Exterior Arrangement:
The front of the property facing the street has a wheelchair ramp that leads to the living room. There are two exits further down the side of the facility that lead to a large porch/deck area where residents can enjoy the outdoors. The kitchen can be accessed from one of these doors. This then expands to the dining room, living room, restroom and resident areas.

There are 15 resident bedrooms on the main floor. There are four restrooms as well. Two of them are full bathrooms while there other two have a toilet and sink configuration. One of the full bathrooms is wheelchair accessible.

The kitchen has two separate sinks and ample countertop space for food preparation. The two refrigerators were in working order during the onsite inspection. Other appliances such as the oven/range, microwave and air-fryer/convection oven appeared to be in working order. Conditions in the kitchen were sanitary.

The living room and the dining room are spacious enough to accommodate family style seating.

The facility has a basement that is separated from the main floor by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The staircase has a handrail for support. The basement contains the furnace and water heater that were both inspected by licensed contractors. The basement area will not be used for resident activities. During the onsite inspection it was noted that

there were no items stored near the heating plant. The basement consists of a brick foundation; no evidence of excessive water or moisture was present.

The furnace, water heaters and central air system were inspected on 07/06/2026 by Justice Pro Mechanical and determined to be in good condition. The electrical systems and interconnected smoke detectors were inspected on 10/14/2025 by CertaSite and determined to be fully operational and in good condition. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement. 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.

On 10/27/2025, the Bureau of Fire Services conducted an inspection and issued an A-Rating.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10’ X 8’	80	1
2	10’ X 8’	80	1
3	10’ X 8’	80	1
4	10’ X 8’	80	1
5	14’ X 9’ 6”	133	2
6	10’ X 8’	80	1
7	14’ X 9’ 6”	133	2
8	10’ X 8’	80	1
9	10’ X 8’ 8”	86	1
10	12’ X 7’ 6”	90	1
11	9’ 9” X 7’ 6”	73	1
12	17’ X 9’ 8”	164	2
13	13’ X 7’ 6”	97.5	2
14	12’ X 7’	84	1
15	15’ X 8’	120	2

The living, dining, and sitting room areas measure a total of 806 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 twenty 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 twenty male and female ambulatory and/or non ambulatory adults whose diagnoses are aged, developmentally disabled, mentally ill and physically handicapped, in the least restrictive environment possible.

According to the program statement: “The mission of Evergreen Assisted Living Home is to provide a secure, compassionate, and dignified residential environment for adults who require assistance with daily living. Our philosophy centers on the "Age in Place" model, ensuring that residents receive high-quality, personalized care that promotes independence, maintains physical health, and fosters social emotional well-being within a family-like setting.” The licensee will cultivate social interaction, privacy and appropriate stimulation to accommodate lowered stress threshold of residents.

The applicant intends to accept residents from Lenawee Community Mental Health Authority, The Michigan Department of Health and Human Services, and private entities as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement.

The applicant will make provisions for a variety of leisure and recreational activities such as arts and crafts, music appreciation, STEM-based puzzles, and light physical exercise. It is the intent of the applicant to utilize local community resources including local parks, Hope Network and Goodwill.

C. Applicant and Administrator Qualifications

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 Hongmei Delosh. The licensee designee submitted a medical clearance with a statement from a physician documenting the licensee designee’s good health, dated 01/05/2026.

The licensee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Delosh has experience as a direct care professional at a facility that has long-standing expertise with traumatic brain injuries. She has worked in other adult care settings. She has managerial experience running a child daycare center. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The licensee/administrator 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 20-bed facility is adequate and includes a minimum of one staff to 15 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.

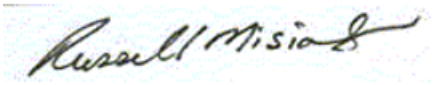
IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

8/3/26

Dwight Forde Date
Licensing Consultant

Approved By:



8/4/26

Russell B. Misiak Date
Area Manager