GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2026

Lisa Sanchez
Hearth And Moon Adult Foster Care LLC
341 45th St
Grand Junction, MI 49056

RE: Application #: AM390419954
Hearth And Moon Adult Foster Care LLC
616 Walnut St.
Kalamazoo, MI 49007

Dear Ms. Sanchez:

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 11 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) 335-5985.

Sincerely,

Ondrea Johnson

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM390419954
Licensee Name:	Hearth And Moon Adult Foster Care LLC
Licensee Address:	616 WALNUT ST. KALAMAZOO, MI 49007
Licensee Telephone #:	(269) 207-2877
Licensee Designee:	Lisa Sanchez
Administrator:	Lisa Sanchez
Name of Facility:	Hearth And Moon Adult Foster Care LLC
Facility Address:	616 Walnut St. Kalamazoo, MI 49007
Facility Telephone #:	(269) 207-2877
Application Date:	09/30/2025
Capacity:	11
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/15/2025	Inspection Completed-Fire Safety: A refer to AM390076322
09/30/2025	On-Line Enrollment
10/01/2025	PSOR on Address Completed
10/01/2025	Contact - Document Sent forms sent
10/01/2025	Lic. Unit file referred for background check review PSOR Hit on K. Zabavski
10/01/2025	Contact - Document Received PSOR hit at facility address- see Sharepoint file
10/16/2025	Contact - Document Received
10/16/2025	File Transferred To Field Office
10/16/2025	Application Incomplete Letter Sent via email to licensee designee Lisa Sanchez
11/20/2025	Contact - Document Received-Facility documents
12/01/2025	Contact - Document Received-Facility/Applicant documents
01/13/2026	Contact - Document Received-Facility/Applicant documents
01/19/2026	Contact - Document Received-Facility/Applicant documents
03/06/2026	Inspection Completed- Fire Safety: A refer to AM390076322
07/16/2026	Inspection Completed On-site
07/16/2026	Confirming Letter Sent
07/16/2026	Application Complete/On-site Needed
07/21/2026	Inspection Completed On-site
07/21/2026	Inspection Completed- Env. Health: A
07/21/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been licensed as an adult foster care home since 1992 and is now undergoing a change in licensee and a change in ownership.

Hearth And Moon Adult Foster Care LLC is located in downtown Kalamazoo near Bronson Park, Bronson Hospital, museums and restaurants. There is ample parking in a parking lot on the side of the facility. Due to the facility's location, the home utilizes both public water and public sewage system. The applicant leases from property owner Dorothy Mae Thornton. This was verified by receipt of lease along with permission for the applicant to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property. Zoning approval letter dated 11/25/2025 was submitted by the applicant documenting City of Kalamazoo permitting the facility to operate as an adult foster care facility.

The facility is a two-story historical home built in 1870 with the primary means of egress in the front and side of the home. The facility does not have wheelchair ramps or exits that are at grade 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 includes a kitchen, dining room, staff office, staff bedroom that will be occupied by a live-in staff member, one full bathroom equipped with a tub/shower combination that will be used by both staff and residents and one resident bedroom equipped with a full bathroom that consists of a tub, sink and toilet. The second floor includes two resident bedrooms, one resident bedroom equipped with a full bathroom with a tub/shower combination, a game room, a sitting room with a television, and a full resident bathroom that consist of a tub/shower combination, sink and toilet. Each bathroom is equipped with a window for ventilation. The gas furnace, hot water heater, in addition to the gas washer and dryer, are located 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 top of the stairs to create floor separation. The furnace was inspected on 11/4/2025 by a licensed professional and determined to be fully operational and in good condition. The facility has one wood-burning fireplace covered by a grate located in the living room that has been sealed by the local fire department and has not been used in 40 years and will continue to not be utilized. The applicant submitted a letter verifying that the fireplace will not be used.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 12/31/2025 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, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

The facility does not have an approved pull-station alarm system or a full sprinkler system because, at the time it was originally licensed, these features were not required under the administrative rules in place. The facility address has been continuously licensed since 1994. The Bureau of Fire Services conducted an inspection of the facility on 3/6/2026 and determined the facility to be in substantial compliance with fire safety standards.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	24’ 3” x 10’ 9”	240 sq ft	3
2	13’ 1” x 9’ 9”	130 sq ft	2
3	15’ 1” x 13’ 5”	202 sq ft	3
4	11’ 3” x 20’ 2”	226 sq ft	3

Please note: Three resident beds in one resident bedroom is allowed in any multioccupancy bedroom since the facility was licensed before May 24, 1994, and has remained in continuous effect.

The indoor living and dining areas measure a total of _320___ square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 11 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 **eleven** both male and female ambulatory adults whose diagnosis is developmentally disabled and mentally impaired 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, private pay individuals, and 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 Hearth And Moon Adult Foster Care L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 8/14/2025. 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 Hearth And Moon Adult Foster Care L.L.C. have submitted documentation appointing Lisa Sanchez as Licensee Designee and Administrator of this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Lisa Sanchez. Lisa Sanchez submitted a medical clearance with a statement from a physician documenting Lisa Sanchez's good health, dated 11/4/2025 and verification that Lisa Sanchez has a baseline screening for communicable diseases and records of illness on hiring.

Lisa Sanchez has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Lisa Sachez has over eighteen years providing direct care experience serving individuals with developmentally disabled and mental illness in various settings including adult foster care homes. Lisa Sanchez has provided assistance 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 11 bed facility is adequate and includes a minimum of 1 staff –to- 11 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 not 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 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 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 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 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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care group home with a maximum capacity of 11 residents.

7/27/2026

Ondrea Johnson — Date
Licensing Consultant

Approved By:

07/30/2026

Dawn N. Timm — Date
Area Manager