GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 22, 2026

Linda Ratliff
Sue Caring Hands LLC
261 Charles Lane
Pontiac, MI 48341

RE: Application #: AS820419723
Sue Caring Hands
21141 Moross Rd.
Grosse Pointe, MI 48236

Dear Mr./Ms. Ratliff:

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 4 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,

Shatonla Daniel

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 919-3003

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820419723
Applicant Name:	Sue Caring Hands LLC
Applicant Address:	261 Charles Lane Pontiac, MI 48341
Applicant Telephone #:	(313) 614-3789
Administrator/Licensee Designee:	Linda Ratliff
Name of Facility:	Sue Caring Hands
Facility Address:	21141 Moross Rd. Grosse Pointe, MI 48236
Facility Telephone #:	(313) 763-8651
Application Date:	07/10/2025
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

07/10/2025	Enrollment
07/10/2025	PSOR on Address Completed
07/10/2025	Application Incomplete Letter Sent 1326/RI030
07/10/2025	Contact - Document Sent forms sent
08/19/2025	Contact - Document Received 1326/RI030 rec'd
09/19/2025	Application Incomplete Letter Sent
07/09/2026	Inspection Completed On-site
07/09/2026	Inspection Completed-BCAL Sub. Compliance
09/04/2026	Inspection Completed On-site
10/13/2026	Inspection Completed-BCAL Full Compliance
10/14/2026	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sue's Caring Hands is located on a residential area within the city of Detroit. The home is located within a one mile walking distance to Grace Community Church and Henry Ford St. John's Hospital which is connected to Pointe Plaza Shopping. It should be noted that Balduck Park is within five miles from the home. There is parking available on the road and a driveway.

Due to the facility's location, it utilizes both public water and sewage system, which were both inspected by Detroit Water and Sewage Department and determined to be in substantial compliance with all applicable environmental health and safety rules.

The licensee- Sue Caring Hands, LLC has a lease agreement with the owner Athena Marsh, and this was verified through a search of Wayne County property tax records. A receipt of lease was provided along with permission for the facility to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property.

The facility is a ranch with two approved means of egress located on the same level. The facility does not have wheelchair ramps or exits are at grade 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 wheelchairs.

The home has a spacious living and dining room with 3 bedrooms that are connected by a hall and one full bathroom that consists of a toilet, sink, tub/shower combination, and window and mechanical fan for ventilation.

The gas furnace and hot water heater 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 04/13/2026 by a licensed service provider and 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.

Fireplaces, if applicable, and 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.

The facility is equipped with a wireless interconnected smoke detection system identified as First Alert with battery backup, which was installed by a licensed electrician and is fully operational. The smoke alarms were inspected on 04/13/2026 and determined to be in the correct locations, interconnected, and functioning properly.

NOTE: *The licensee must provide documentation of compliance per Rule 727.6 and/or 727.7. Consultant should keep documentation as part of facility file verifying compliance.*

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
North	9.92 ft. X 9.92 ft.	98.40 sq. ft.	1
Northeast	11 ft. X 9.92 ft.	109.12 sq. ft.	1
Southwest	12.92 ft. X 10.42 ft	134.63 sq. ft.	2

Total			4

The living, dining, and sitting room areas measure a total of _338.72__ 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 **four (4)** 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 **four (4)** both male and female ambulatory adults whose diagnosis is developmentally disabled and 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 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 Sue Caring Hands, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 06/06/2025. 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 Sue Caring Hands, L.L.C. have submitted documentation appointing Linda Ratliff as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee designee. The licensee designee and administrator submitted a medical clearance with a statement from a physician documenting that Linda Ratliff is in good health, dated 04/22/2026 and verification that she had a baseline screening for communicable diseases and records of illness on hiring.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. 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 _4_ bed facility is adequate and includes a minimum of _1_ staff –to- _4_ 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 (ensure this matches their program statement).

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 small group home (4).



10/14/2026

Shatonla Daniel — Date
Licensing Consultant

Approved By:



10/22/2026

Ardra Hunter — Date
Area Manager