



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 9, 2019

Chester Kwiatkowski  
South Coast Home LLC  
72633 M 43  
South Haven, MI 49090

RE: Application #: AS800397844  
**South Coast Home**  
**72633 M43 Highway**  
**South Haven, MI 49090**

Dear Mr. Kwiatkowski:

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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS800397844
<b>Licensee Name:</b>	South Coast Home LLC
<b>Licensee Address:</b>	72633 M 43 South Haven, MI 49090
<b>Licensee Telephone #:</b>	(269) 998-9349
<b>Administrator</b>	Chester Kwiatkowski
<b>Licensee Designee:</b>	Chester Kwiatkowski
<b>Name of Facility:</b>	South Coast Home
<b>Facility Address:</b>	72633 M43 Highway South Haven, MI 49090
<b>Facility Telephone #:</b>	(269) 767-7688
<b>Application Date:</b>	01/02/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

01/02/2019	On-Line Enrollment
01/03/2019	Contact - Document Sent Rule & Act booklets
02/13/2019	Contact - Document Received App; IRS ltr; 1326A & RI-030 (LD & Admin)
02/13/2019	File Transferred To Field Office Lans/Kal
02/22/2019	Application Incomplete Letter Sent Sent via email to licensee.
03/13/2019	Contact - Document Received Received multiple documents via email from licensee designee: facility ownership info, admission and discharge policy, program statement, personnel policy, refund agreement, staffing patterns, organizational chart, emergency procedures.
03/18/2019	Inspection Completed On-site
03/24/2019	Inspection Completed-BCAL Sub. Compliance
04/29/2019	Contact – Document Received Verification heating plants had been inspected and are in good working condition.
04/30/2019	Contact – Document Received Licensee designee resume and facility floor plan
05/03/2019	Inspection Completed On-site Obtained additional documentation. Confirmed physical plant issues had been rectified.
05/08/2019	Contact – Document Received Received verification of training, including CPR/1st aid

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch style duplex home located on the outskirts of South Haven within five minutes of downtown South Haven and Lake Michigan. The other duplex, on the northwest side of the facility, is currently empty, but could potentially become another adult foster care facility in the future. The two duplexes are not accessible to one another from inside the facilities.

On the main floor of the home there are a total of seven bedrooms; however, the bedroom with the en-suite bathroom will primarily be used for storage and direct care staff. There are no non-resident bedrooms in the facility. The facility also has two large separate basement areas, with additional crawlspaces, that are accessed by separate staircases. The basement areas will not be used by residents on a regular basis except to access the laundry area, if needed. Since the facility is within minutes of downtown South Haven, it utilizes both public water and sewer.

The facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. The primary entrance to the facility is on the east side. The entryway opens in the facility's dining area and kitchen. There is a half bath off the dining room accessible to residents. A hallway off the south side of the facility leads to two bedrooms, a barrier free shower and bathroom and a sitting area for residents. One of the facility's wheelchair ramps can be accessed from this sitting area.

Past the facility's kitchen is another hallway which has the facility's office, an additional bedroom, a full bathroom and the facility's primary living room. The facility's second ramp can be accessed from this living room. Off the living room to the northwest side of the facility is another hallway that has the additional four resident bedrooms, including the en-suite bedroom that will primarily be used for storage and direct care staff unless determined appropriate for a particular resident.

Both the furnace and hot water heater utilize natural gas and are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Twelve smoke detectors were observed on the main level of the home, as well as, one smoke alarm in each separate basement area.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'8" x 11'8"	124.4 sq. ft.	1

2	9'7" x 15'4"	137.3 sq. ft.	1
3	10'11" x 10'11"	119.1 sq. ft.	1
4	8'2" x 12'5"	101.4 sq. ft.	1
5	8'2" x 12'6"	102 sq. ft.	1
6	8'2" x 16'1"	131.3 sq. ft.	1
7 (en-suite/direct care staff room)	8'2" x 13'	106.1 sq. ft.	1

The living, dining, and sitting room areas measure a total of 779.6 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, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis may be any of the following: physically handicapped, developmentally disabled, mentally impaired, or traumatically brain injured in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from local Community Mental Health agencies such as Allegan and Van Buren County CMH, local Department of Health and Human Services and/or private pay individuals as referral sources.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

Transportation for program and medical needs can be negotiated in resident care agreements. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. Examples of community events, programs, and opportunities to improve social skills include, but are not limited to the following: trips to the park, grocery shopping, bowling, movies, local recreational areas, and local festivals.

### **C. Applicant and Administrator Qualifications**

The applicant is South Coast Home, L.L.C., which is a “Domestic Limited Liability Company”, and was established in Michigan, on 06/06/2014. 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 South Coast Home, L.L.C. have submitted documentation appointing Chester Kwiatkowski as the Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined that Chester Kwiatkowski is of good moral character and eligible for employment in a licensed adult foster care facility. Chester Kwiatkowski submitted a statement from a physician documenting his good health and current TB-test negative results.

The licensee designee and administrator, Chester Kwiatkowski, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Kwiatkowski has several years of experience working in Adult Foster Care facilities as a direct care staff where he worked with individuals with traumatic brain injuries, mental illness, developmental disabilities, and physical handicaps. He also has extensive supervisory and administrative experience when he was a US naval officer from 2006 through 2011.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff to 6 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](http://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 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 that a separate *Resident Funds Part II BCAL-2319* form 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 six-month temporary license to this adult foster care small group home with a maximum capacity of six residents.



05/09/2019

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



05/09/2019

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Dawn N. Timm  
Area Manager

Date