



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 18, 2019

Sandra Williams-Sulaiman  
Golden Residential Facility 2 AFC LLC  
1107 Denway Dr.  
Kalamazoo, MI 49008

RE: Application #: AS390396026  
**Golden Residential Facility #2**  
**1107 Denway Drive**  
**Kalamazoo, MI 49008**

Dear Mrs. Williams-Sulaiman:

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 (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>	AS390396026
<b>Applicant Name:</b>	Golden Residential Facility 2 AFC LLC
<b>Applicant Address:</b>	1107 Denway Dr. Kalamazoo, MI 49008
<b>Applicant Telephone #:</b>	269-267-6599
<b>Administrator</b>	Sandra Williams-Sulaiman
<b>Licensee Designee:</b>	Sandra Williams-Sulaiman
<b>Name of Facility:</b>	Golden Residential Facility #2
<b>Facility Address:</b>	1107 Denway Drive Kalamazoo, MI 49008
<b>Facility Telephone #:</b>	(269) 365-0995
<b>Application Date:</b>	08/28/2018
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/28/2018	Enrollment
08/28/2018	Contact - Document Sent Rule & ACT Books
08/28/2018	Application Incomplete Letter Sent App sent back for corrections
09/10/2018	Contact - Document Received Revised application
09/10/2018	Application Incomplete Letter Sent Valid Corporation paperwork
09/12/2018	Contact - Document Received Verification of valid Corporation
09/12/2018	File Transferred To Field Office Lansing
09/18/2018	Application Incomplete Letter Sent
10/26/2018	Contact - Document Received Received various documents for license
10/26/2018	SC-Application Received - Original
12/19/2018	Contact - Document Received
12/28/2018	Inspection Completed On-site
12/28/2018	Inspection Completed-BCAL Sub. Compliance
01/09/2019	Confirming letter sent
01/18/2019	Contact - Telephone call received TC from licensee designee. Stated she planned on putting a window in bd with door so it can be used as a bd. Asked about bedroom and closet space.
01/22/2019	Contact - Telephone call made Informed licensee designee closet space was not included in bedroom useable space.
03/27/2019	Contact - Telephone call received Licensee designee stated physical plant deficiencies or modifications had been completed and another on-site was

needed for final inspection. Informed licensee designee I would contact her next week to schedule to schedule onsite

- 04/22/2019 Inspection Completed On-site
- 04/22/2019 Inspection Completed-BCAL Sub. Compliance
- 04/22/2019 Confirming letter sent
- 04/22/2019 Contact – Document Received  
Email containing documentation ceiling tiles in basement have C fire rating
- 05/02/2019 Contact - Telephone call made  
Advised licensee designee her medical form was outdated and needed to be within 6 months of licensure. She stated she would obtain updated and current medical clearance asap.
- 05/02/2019 Confirming letter sent
- 05/06/2019 Contact – Document Received  
Received updated medical and TB statements from licensee designee and her husband, a current household member.
- 05/08/2019 Contact – Document Received  
Copy of BCHS 100 received for licensee designee’s husband and household member
- 05/16/2019 Confirming letter sent  
Sent additional confirming letter re: written statement for special populations.
- 05/16/2019 Contact – Telephone call made  
Discussion with licensee designee regarding Alzheimer’s special population.
- 05/17/2019 Contact – Document Received  
Additional documentation received pertaining to special populations (TBI/aged).
- 05/30/2019 Contact – Telephone call made  
Discussion with licensee designee regarding special populations TBI/aged could not be added to license due to insufficient documentation of training/experience; however, if obtained at a later date she could reapply.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch style home with a large basement. It is in a residential neighborhood within the city of Kalamazoo and within minutes of neighboring city, Portage. It is also within minutes of numerous restaurants, shopping centers, grocery stores, the mall and within walking distance of public transportation.

The facility is set back off the main road and surrounded by many mature trees. The primary entrance to the facility is on the north side. The entryway opens to the facility's living room, dining area and kitchen as the main floor of the facility has an open floor plan. Additional exits out of the facility are through the garage, which is attached on the east side of the facility, and through the sliding glass doors, off the dining room, on the south side of the facility. Past the kitchen is a hallway where the three resident bedrooms are located and a full bathroom. The main level of the home does not have any non-resident bedrooms. The finished basement is accessed by stairs located within the entryway. The basement area does have an additional full bathroom, a large bedroom, a large storage room, and living space; however, residents will neither reside nor utilize the basement area unless to access the laundry area.

The facility is not wheelchair accessible. It also utilizes public water and sewer since it's within city limits.

Both the gas furnace and hot water heater 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 bottom of 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. The facility also has a functioning gas fireplace in the living room. Documentation was received by the licensee showing the fireplace was inspected and in working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.6 ft x 9.1 ft	96.4 sq. ft.	1
2	(10 ft x 10.5 ft) + (2.4 ft x 7 ft)	121.8 sq. ft	1
3	14.4 ft x 12.9 ft	185.7 sq. ft	2

The living, dining, and sitting room areas measure a total of 347.7 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, 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 **four (4)** male or female ambulatory adults whose diagnosis is developmentally disabled and/or mentally ill 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, 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, grocery stores, and local parks. The facility will also make provision to attend free local events in Kalamazoo throughout the year.

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

The applicant is Golden Residential Facility 2 AFC LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 09/11/2018. 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 Golden Residential Facility 2 AFC LLC consist of one member, Sandra Williams-Sulaiman. She submitted documentation appointing herself as Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined that applicant is of good moral character and eligible for employment in a licensed adult foster care facility. The licensee designee and administrator, Sandra Williams-Sulaiman, submitted a statement from a physician documenting her good health and current TB negative results.

The licensee designee and administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Williams-Sulaiman has over 10 years of experience working in adult foster care facilities providing direct care work to residents whose diagnosis is developmentally disabled and mentally ill. She also has experience as a licensee designee and administrator since 2015 from owning and operating another licensed small group AFC facility that also provided care to residents whose diagnosis is developmentally disabled and mentally impaired.

The staffing pattern for the original license of this four bed facility is adequate and includes a minimum of 1 direct care staff to 4 residents per shift. The applicant acknowledged 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 direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” direct care staff or other staff that are on duty and working at another facility to be considered part of this facility’s direct care staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 each of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged 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 acknowledged 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 acknowledged 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 four residents.

*Cathy Cushman*

05/31/2019

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Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

06/04/2019

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Dawn N. Timm  
Area Manager

Date