



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 11, 2019

Maryann Lavender  
Good Samaritan Specialized Care, LLC  
5633 Embassy Street  
Kalamazoo, MI 49009

RE: Application #: AS390400275  
**Veteran's H.O.P.E.**  
**1521 Northampton**  
**Kalamazoo, MI 49006**

Dear Ms. Lavender:

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, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(517) 281-9913

enclosure

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

**I. IDENTIFYING INFORMATION**

|                              |  |
|------------------------------|--|
| <b>License #:</b>            | AS390400275                                |
| <b>Licensee Name:</b>        | Good Samaritan Specialized Care, LLC       |
| <b>Licensee Address:</b>     | 5633 Embassy Street<br>Kalamazoo, MI 49009 |
| <b>Licensee Telephone #:</b> | (269) 341-3195                             |
| <b>Licensee Designee:</b>    | Maryann Lavender                           |
| <b>Administrator:</b>        | Maryann Lavender                           |
| <b>Name of Facility:</b>     | Veteran's H.O.P.E.                         |
| <b>Facility Address:</b>     | 1521 Northampton<br>Kalamazoo, MI 49006    |
| <b>Facility Telephone #:</b> | (269) 341-3195                             |
| <b>Application Date:</b>     | 06/20/2019                                 |
| <b>Capacity:</b>             | 6  |
| <b>Program Type:</b>         | MENTALLY ILL                               |

## II. METHODOLOGY

|            |   |
|------------|---|
| 06/20/2019 | On-Line Enrollment.   |
| 06/20/2019 | File Transferred to Field Office<br>Kalamazoo.                                |
| 06/24/2019 | Contact-Document Received<br>-Articles of Organization.                       |
| 07/16/2019 | Contact-Document Received<br>-Property Tax, Medical Clearance and TB results. |
| 07/25/2019 | Contact-Document Received<br>-Proposed Budget, Personnel Policies.            |
| 08/03/2019 | Contact-Document Received<br>-Licensee Designee Resume Training Certificates. |
| 08/14/2019 | Contact-Document Received<br>-Licensee Designee Resume Training Certificates. |
| 08/16/2019 | Contact-Document Received<br>-2017 Inspection Report, Boiler.                 |
| 08/26/2019 | Inspection Completed On-site, Sub-compliance.                                 |
| 08/26/2019 | Confirming Letter Sent.   |
| 08/27/2019 | Contact-Document Received<br>-2019 Inspection Report, Boiler.                 |
| 08/27/2019 | Inspection Completed<br>-BCAL Full Compliance.                                |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a two-story brick exterior home located in the city limits of Kalamazoo, Michigan. Kalamazoo is located within Kalamazoo County, Michigan and has a population of approximately 75,000 people. Within three miles of the facility is Western Michigan University and Bronson Methodist Hospital. Due to its location, the facility utilizes both public water and sewage. The facility has two bedrooms on the main level and three bedrooms on the second story. The facility is not wheelchair accessible.

The living room, dining area and kitchen are located on the main level. One full bathroom and one half bathroom are located on the main level as well. There is also a community room that is currently being used for storage but plans to be used as an additional common area for residents in the future. Stairs to the second story level are located through the living room. To the left at the top of the stairs are three additional resident bedrooms and a full bathroom. At the base of the stairs is a door to the front of the house which leads to the paved driveway.

The facility has a boiler and water heater that utilize gas for operation. The boiler and water heater are both located on the main floor in a fully enclosed room constructed of fire rated material, across from the kitchen area, and separated from the remainder of the home with a metal rated fire door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 9' X 10"        | 90'                  | 1                   |
| 2         | 9' X 9'         | 81'                  | 1                   |
| 3         | 10' X 13'       | 130'                 | 1                   |
| 5         | 11' X 15'       | 165'                 | 2                   |
| 6         | 11' X 8'        | 88'                  | 1                   |

The living, dining, and sitting room areas measure a total of 220 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 primary diagnosis is mental illness 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 referrals from the Department of Health and Human Services and Community Mental Health agencies, Veteran's Affairs, as well as 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.

The licensee will provide transportation for program and medical needs as established in each resident's *Resident Care Agreement*. The facility will make provisions for a variety of leisure and recreational activities. The licensee intends to utilize Bible Baptist Church of Kalamazoo's facilities for engagement activities for residents, as well as, accessing resources available for residents through the VFW. In addition to those programs, the licensee intends to utilize local community resources such as public schools, libraries, local museums, shopping centers, and local parks. The licensee intends to develop an urban farming program located in the courtyard of the facility. The licensee has partnerships with performing and visual artists who will provide performances on-site, in addition to offering job skills training through Helping Hands and LEAD First.

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

The applicant is Good Samaritan Specialized Care, L.L.C., which is a "Domestic Limited Liability Company", established in Michigan, on 06/10/2019. 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 Good Samaritan Specialized Care, L.L.C have submitted documentation appointing Ms. Maryann Lavender as the Licensee Designee and administrator.

Ms. Maryann Lavender submitted a resume showing she has a bachelors, masters and doctorate degree in education. Ms. Lavender has over 25 years' experience caring for a relative with mental illness and one year of experience working as a direct care staff and certified nursing assistant in the Southwest Michigan area, providing her with the knowledge and experience to work with vulnerable adults.

A criminal history check was conducted and determined the applicant is of good moral character and eligible for employment in a licensed adult foster care facility. Ms. Maryann Lavender have submitted statements from a physician documenting their good health and current TB test negative results. The licensee designee has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six 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, which is stated in the licensee designee's staffing pattern description.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or will consider other direct care staff that are on duty at another facility to be a 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 acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each individual 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 designee 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 acknowledged 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, 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 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 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 capacity of six resident.

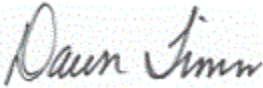


09/11/2019

---

Eli DeLeon Date  
Licensing Consultant

Approved By:



09/11/2019

---

Dawn N. Timm Date  
Area Manager