



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 15, 2020

Sandra Williams-Sulaiman  
Golden Residential Facility LLC  
1912 Cambridge Drive  
Kalamazoo, MI 49001

RE: Application #: AS390394619  
**Golden Residential Facility LLC**  
**1912 Cambridge Drive**  
**Kalamazoo, MI 49001**

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 2 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) 284-9730.

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>	AS390394619
<b>Applicant Name:</b>	Golden Residential Facility LLC
<b>Applicant Address:</b>	1912 Cambridge Drive Kalamazoo, MI 49001
<b>Applicant Telephone #:</b>	(269) 365-0002
<b>Administrator</b>	Sandra Williams-Sulaiman
<b>Licensee Designee:</b>	Sandra Williams-Sulaiman
<b>Name of Facility:</b>	Golden Residential Facility LLC
<b>Facility Address:</b>	1912 Cambridge Drive Kalamazoo, MI 49001
<b>Facility Telephone #:</b>	(269) 365-0002
<b>Application Date:</b>	06/04/2018
<b>Capacity:</b>	2
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

06/04/2018	Enrollment
06/11/2018	Application Incomplete Letter Sent Pages 1 & 2 sent back for completion and 1326's for Sandra & Shuaib Sulaiman
06/20/2018	Contact - Document Received Completed pages 1 & 2 of the application and AFC 100 forms for Sandra Williams-Sulaiman and Shuaib Sulaiman
06/20/2018	Lic. Unit file referred for background check review 1326 for Sandra Williams-Sulaiman
06/21/2018	File Transferred To Field Office Lansing
09/26/2018	Application Incomplete Letter Sent
10/26/2018	Contact - Document Received Received documentation relating to app incomplete letter.
12/30/2019	Inspection Completed On-site
12/30/2019	Inspection Completed-BCAL Sub. Compliance
12/30/2019	Exit Conference with licensee designee, Sandra Sulaiman
03/31/2020	Contact - Document Sent Requested update on confirming letter
04/03/2020	Contact - Document Received Received electrical inspection and medical/TB for licensee designee. Also received tax information for licensee
04/06/2020	Contact - Document Received Received budget and organizational chart.
05/05/2020	Contact - Document Sent Requested picture of smoke alarm in furnace room and furnace inspection.
05/05/2020	Contact – Document Received Received furnace inspection and picture of smoke alarm.
05/11/2020	Inspection Completed – BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a two-story wood frame house with full basement and detached garage. It is located in a southeast neighborhood in the city of Kalamazoo. The first floor has a kitchen, dining area, living room, one full bathroom, and two resident bedrooms. The upstairs will be occupied by staff only and includes one bedroom and a half bathroom. The facility has a full basement with laundry facilities and a bedroom; however, residents will not reside in this space. The basement bedroom will be utilized by the facility's owner, Sandra Williams-Sulaiman or other facility staff. The home is not wheelchair accessible. The facility utilizes city water and sewer.

The property is owned by the applicant's spouse, Shuaib Sulaiman. On file is proof of ownership and permission from the owner the home can be used as a licensed adult foster care home and for licensing to conduct necessary on-site inspections.

An on-site inspection verified this home is in compliance with rules pertaining to fire safety. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Approved fire extinguishers are located on each floor. The facility utilizes a gas-fired furnace and water heater, which is located in the basement and has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The furnace was inspected and approved by a licensed heating contractor and the approval is on file.

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' x 11'2"	112 sq. ft.	1
2	9'8" by 10'	97 sq. ft.	1

The living, dining, and sitting room areas measure a total of 191 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 **two (2)** 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 **two**

(2) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired 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 LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 03/16/2018. 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 Golden Residential Facility LLC have submitted documentation appointing, Saundra Williams-Sulaiman, as Licensee Designee and Administrator for this facility.

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. The applicant, Saundra Williams-Sulaiman, submitted a statement from a physician documenting her good health and current negative TB test results.

The licensee designee/administrator have 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 2 bed facility is adequate and includes a minimum of 1 staff to 2 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 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 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 acknowledges 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.

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 two residents. Please note this applicant applied for an original license in June 2018, prior to the changes in Public Act 218, so this license is able to be issued for two residents.

*Cathy Cushman*

05/11/2020

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Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

05/15/2020

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Dawn N. Timm  
Area Manager

Date