



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 31, 2021

Kenyetta Coleman  
Green Pastures Home Care, LLC  
16087 Meadowood  
Southfield, MI 48076

RE: Application #: AS630405536  
**Green Pastures Home Care, LLC**  
**25485 Dunbar**  
**Southfield, MI 48033**

Dear Ms. Coleman:

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 5 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 303-6348

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630405536
<b>Licensee Name:</b>	Green Pastures Home Care, LLC
<b>Licensee Address:</b>	25485 Dunbar Southfield, MI 48033
<b>Licensee Telephone #:</b>	(248) 467-1142
<b>Administrator/Licensee Designee:</b>	Kenyetta Coleman
<b>Name of Facility:</b>	Green Pastures Home Care, LLC
<b>Facility Address:</b>	25485 Dunbar Southfield, MI 48033
<b>Facility Telephone #:</b>	(847) 467-1142
<b>Application Date:</b>	08/24/2020
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/24/2020	On-Line Enrollment
08/26/2020	Contact - Document Sent 1326, RI030 & AFC100
09/28/2020	Contact - Document Received 1326 & RI030 for Kenyatta, AFC100 for Dayo
09/30/2020	PSOR on Address Completed
09/30/2020	Licensing Unit file referred for background check review fingerprint hit for Kenyatta, ICHAT hit for Dayo, referred to C. Pilarski for review
11/17/2020	Contact - Document Received Updated Corporate Application
11/20/2020	Contact - Document Received Licensing file received from Central office
11/23/2020	Contact - Document Received Fee Received \$45.00. Check #47050448170
12/15/2020	Application Incomplete Letter Sent Letter emailed to licensee designee Kenyetta Coleman.
03/08/2021	Application Complete/On-site Needed
03/08/2021	Inspection Completed On-site
03/08/2021	Inspection Completed-BCAL Sub. Compliance
03/08/2021	SC-Application Received - Original
03/14/2021	Corrective Action Plan Received
03/14/2021	Corrective Action Plan Approved
03/29/2021	Inspection Completed On-site
03/29/2021	Inspection Completed-BCAL Full Compliance

## II. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 05/24/1994.

### A. Physical Description of Facility

Green Pastures Home Care, LLC is a large colonial located in the City of Southfield, Michigan in Oakland County. The neighborhood is characterized with similar structures on parcels of land. The facility is located within two miles of convenient neighborhood shopping outlets and strip malls in the area. The home has four bedrooms; three bedrooms on the main floor and a large loft like bedroom upstairs. In addition to the bedrooms, the home has a kitchen with a kitchenette, and a dining room/living room combo. There are two bathrooms to accommodate the residents and staff. The home is not wheelchair accessible. Green Pastures Home Care, LLC is served by city water and city sewer system.

The furnace and hot water heater are located in the basement, with adequate fire safety enclosure. A 1¾-inch solid core door with an automatic self-closing device and positive latching hardware is located at the top of the basement leading to the main floor for adequate fire separation. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up 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	12.0 x 10.04	124	1
2	12.0 x 11.01	133	1
3	11.02 x 11.01	122	1
4	26.02 x 20.07	540	2

**Total capacity: 5**

The indoor kitchenette and dining/living room combo areas measure a total of **359** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Ms. Coleman intends to provide 24-hour supervision, protection and personal care to 5 male and/or female residents who are mentally ill or developmentally disabled or related conditions. The program will include social interaction; training to develop personal hygiene, personal adjustment, and public safety and independent living skills; opportunity for involvement in educational or day programs or employment. Ms. Coleman intends to accept referrals from Community Mental Health (CMH) agency and residents with private sources for payment.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities. These resources provide an environment to enhance the quality of life of residents.

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

Ms. Coleman has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment. Ms. Coleman is employed full-time with AT&T Global Services as an operations manager.

The applicant is Green Pastures Home Care, LLC, a "Domestic Limited Liability Company", established in Michigan on 08/24/2020. Ms. Coleman submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Green Pastures Home Care, LLC have submitted documentation appointing Kenyetta Coleman as licensee designee and the administrator of the facility.

Criminal history background check of Ms. Coleman was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Coleman submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Coleman has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Coleman was a direct care worker and an assistant home manager for an assisted living facility for over five years. She has provided five plus years of care to the mentally ill and developmentally disabled population. Ms. Coleman has over 20 years of management experience and a Bachelor of Science in Business Administration and Criminal Justice.

The staffing pattern for the original license of this **5-bed** facility is adequate and includes a minimum of 1 staff for 5 residents per shift. Ms. Coleman acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their

behavioral, physical, or medical needs. Ms. Coleman has indicated that direct care staff will be awake during sleeping hours.

Ms. Coleman 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.

Ms. Coleman acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Coleman acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Coleman acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, Ms. Coleman 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.

Ms. Coleman acknowledged the 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, Ms. Coleman acknowledged the 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.

Ms. Coleman acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Coleman acknowledged the 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.

Ms. Coleman acknowledged the 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.

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

Ms. Coleman acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Ms. Coleman indicated the intent to respect and safeguard these resident rights.

Ms. Coleman acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Coleman acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

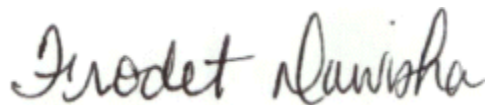
Ms. Coleman acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

### **III. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this AFC adult small group home with capacity of 5.



03/30/2021

---

Frodet Dawisha  
Licensing Consultant

Date

Approved By:



03/31/2021

---

Denise Y. Nunn  
Area Manager

Date