



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 7, 2021

Jesselyn Coleman and Kenyatta Coleman  
741 Whites Rd  
Kalamazoo, MI 49008

RE: Application #: AF390404688  
**Colemanz AFC**  
**741 Whites Rd**  
**Kalamazoo, MI 49008**

Dear Jesselyn Coleman and Kenyatta 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 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) 284-9730.

Sincerely,

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

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(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>	AF390404688
<b>Licensee Name:</b>	Jesselyn Coleman and Kenyatta Coleman
<b>Licensee Address:</b>	741 Whites Rd Kalamazoo, MI 49008
<b>Licensee Telephone #:</b>	(269) 598-7455
<b>Administrator</b>	N/A
<b>Licensee:</b>	Jesselyn Coleman and Kenyatta Coleman
<b>Name of Facility:</b>	Colemanz AFC
<b>Facility Address:</b>	741 Whites Rd Kalamazoo, MI 49008
<b>Facility Telephone #:</b>	(269) 532-1259
<b>Application Date:</b>	06/05/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

06/05/2020	On-Line Enrollment
09/21/2020	Contact - Document Received AFC 100 for Responsible Person Kelly Connors and 1326 for Jesselyn & Kenyatta
09/30/2020	Application Incomplete Letter Sent SOS address discrepancy & Fingerprint for Kenyatta and Fingerprint for Jesselyn
09/30/2020	PSOR on Address Completed
02/03/2021	Contact - Document Received RI 030 for both applicants and SOS address change verification for Kenyatta
02/03/2021	Lic. Unit file referred for background check review Kenyatta Coleman
02/03/2021	Lic. Unit file referred for background check review Jesselyn Hughson
03/10/2021	File Transferred To Field Office- Lansing
03/19/2021	Application Incomplete Letter Sent via email.
04/22/2021	Contact - Document Received Received via email the medical clearance for Kenyatta Coleman and Jessalyn Hughson [Coleman]. Also received evacuation plan.
04/26/2021	Contact – Document Received Documentation for responsible person, Christine Phillips.
04/30/2021	Contact – Document Received Received licensee’s marriage license to make name change in BITS.
05/17/2021	Inspection Completed On-site
05/18/2021	Contact - Document Sent Sent confirming letter via email to licensee.
06/15/2021	Contact - Document Received Received verification fire door was installed, handrails installed on ramps, drywall patched/painted, shingles installed and bathroom grab bars installed.

06/30/2021	SC-Application Received – Original
07/01/2021	Inspection Completed On-site Follow up on-site
07/02/2021	Inspection Completed – BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This home is in a residential neighborhood of Kalamazoo. It is an L shaped home on a terraced landscape. Due to the terraces, living space is located on three separate levels; however, residents will only reside on the middle level. Each level of the facility has exits at ground level. At one time the building was used as a group home, then as three separate rental units, until being zoned back to foster care with the prior licensure.

The top level of the facility is where the licensees will reside. This area is accessed from a driveway and has an attached garage. You can enter the licensee’s space either through the garage or the front door next to the garage. The licensee’s space contains two bedrooms, a bath, kitchen, and living room. There is also an inside stairway that leads to the middle level of the facility where the residents reside. The stairway leading to the middle level will not be available to residents.

From the driveway, near the licensee’s garage is a wheelchair accessible ramp that leads to the middle level of the facility. This ramp was approved by a Kalamazoo city inspector in the facility’s prior licensure as a small group home (license # AS390313581). There is also a set of stairs leading from the driveway to the middle level of the facility.

The facility opens to a family room. A small indoor ramp was installed to permit wheelchair access to the rest of the main level, which is at a slightly lower level than the rest of the house. The stairway to the licensee’s space is also located right when you walk into the facility; however, a door was installed to make this space inaccessible to residents.

Off the family room is the ground level exit door leading to the back parking lot. This back parking lot is accessed by taking the facility’s main driveway down a hill on the right side of the facility. Beyond this exit door is a hallway that leads to a large resident bedroom. Within this bedroom is an enclosure containing the gas furnace for the licensee’s space located on the upper level of the facility. This enclosure is equipped with a 1-3/4 inch solid core door or equivalent with an automatic self-closing device and positive latching hardware.

Across from the large resident bedroom is a room the licensee would like to eventually use as a bathroom; however, this space is not properly functioning as a bathroom at this time.

The remaining portion of the house is located on the other side of the facility's family room and contains the remaining resident bedrooms, the kitchen, dining room, and bathroom. One resident bedroom is located between the family room and kitchen, another resident bedroom is located off the kitchen area and the remaining two resident bedrooms are located down a hallway, which also contains the sole resident bathroom. The resident bedroom off the kitchen area has an exit door located within it. This bedroom exit door may be used by the resident residing in the room and for the resident in times of emergency, but it is not to be a routine means of egress. The single bathroom on this level had the door widened to accommodate a wheelchair, but otherwise has no special accommodations. It has a standard sink, toilet, and bathtub/shower combination. Off the facility's kitchen and on the back of the house is a sliding door to a deck. This deck is not at ground level; however, there are steps that lead to ground level, the facility's back yard and the back parking lot.

Near the family room and kitchen is a stairway that leads to the bottom level or basement of the facility. The basement contains a walkout deck at ground level and a second exit to an outside stairway that goes up to the middle level. The basement also contains a living space, bedroom, kitchen, bathroom, storage areas, laundry room and furnace room; however, this basement space will not be utilized by residents for regular use.

The gas water heater and furnace are located in the basement, near the laundry room. Floor separation was created by placing a 1-3/4 inch solid core door or equivalent with an automatic self-closing device and positive latching hardware at the top of the basement stairs.

This facility is located within Kalamazoo city limits, so it utilizes public septic and water lines. Emergency services will be provided through the city. The facility's wall materials meet a minimum of Class C requirements. 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. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement, and near all flame or heat producing equipment. The hardwired smoke detection system throughout the building was inspected 06/15/2020 and found to be 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	11'6" x 11'5"	131 sq ft	1 or 2

2	12'6" x 11'1"	138 sq ft	1 or 2
3	15'4" x 11'	168 sq ft	1 or 2
4	8' x 10'7"	84 sq ft	1
5	14'10" x 23'5"	347 sq ft	1 to 4

The indoor living and dining areas measure a total of 382 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 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**B. Program Description**

The applicant(s) intends to provide 24-hour supervision, protection, and personal care to 6 male and female residents who are aged, physically handicapped, mentally ill, developmentally disabled or traumatically brain-injured. The program will include and address social interaction, personal hygiene, personal adjustment, public safety and independent living skills, opportunities for involvement in educational or day programs or employment, and transportation, if identified and agreed upon in the Resident Care Agreements. The applicant intends to accept referrals from local and surrounding Department of Health and Human Services agencies, Community Mental Health agencies, or residents with private sources for payment.

The licensee has applied for Specialized Certification to accept placements under contract with Community Mental Health agencies. If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, or the responsible agency.

In addition to the above program elements, it is the intent of the applicants to utilize local community resources for recreational activities including parks, libraries, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of the residents.

**C. Applicant and Responsible Person Qualifications**

Criminal history background checks of the applicants and responsible person were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicants and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

The applicants acknowledged the requirement that the licensees of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 6 residents will be the responsibility of the family home applicants, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicants acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicants acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants 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.

The applicants acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicants 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 applicants 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 applicants 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.

The applicants acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicants 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 resident personal money transactions that have been agreed to be managed by the applicants.

The applicants acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicants indicated intent to respect and safeguard these resident rights.

The applicants acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

The applicants acknowledged residents with mobility impairments may only reside on the main floor of the facility.

**D. Rules or 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 adult foster care family home with a capacity of 6 residents



07/02/2021

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



07/07/2021

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Dawn N. Timm  
Area Manager

Date