



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 20, 2021

Connalee Kleck  
631 Three Mile NE  
Grand Rapids, MI 49505

RE: Application #: AF410409177  
Kleck AFC  
7411 Grosvenor  
Sand Lake, MI 49343

Dear Mrs. Kleck:

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 3 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF410409177

**Applicant Name:** Connalee Kleck

**Applicant Address:** 631 Three Mile NE  
Grand Rapids, MI 49505

**Applicant Telephone #:** (616) 710-9475

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Kleck AFC

**Facility Address:** 7411 Grosvenor  
Sand Lake, MI 49343

**Facility Telephone #:** (616) 427-3700  
06/21/2021

**Application Date:**

**Capacity:** 3

**Program Type:** DEVELOPMENTALLY DISABLED

**II. METHODOLOGY**

06/21/2021	Enrollment
06/21/2021	Inspection Report Requested - Health 1031716
06/21/2021	PSOR on Address Completed
06/21/2021	File Transferred To Field Office GR via SharePoint
06/22/2021	Application Incomplete Letter Sent
07/02/2021	Inspection Completed-Env. Health : A
11/01/2021	SC-Application Received - Original

11/01/2021	Application Complete/On-site Needed
11/01/2021	Inspection Completed On-site
11/10/2021	Inspection Completed-BCAL Full Compliance
12/08/2021	Contact Documents Received Email stating Heating Unity will be installed on Friday 12/10/2021.
12/13/2021	Contact Documents Received Email stated that the new heating units were installed by Arrow Electric Services LLC.
12/15/2021	Contact Documents Received Email stating that the new heating units had been installed and inspected by Nelson Township. Attached was a copy of Nelson Township's Approval of Electrical Final Inspection of Electrical Heathers. Day of inspection was 12/14/2021
12/15/2021	Contact Documents Received Email with attachments: Arrow Electrical Services LLC, Invoice. "Ran 3 new 240V circuits for baseboard heaters. Installed 3 electric baseboard heaters and thermostats. Nelson Township Electric Permit 72inch, 1,500 Watt, 240 Volt Electrical Base Boards Heaters, Manufacture Cadet, Model 6F150. Attached was a picture of the Master Electrician License of Paul A Krantz with a license # of 6216622. Also attached was Mr. Krantz's Electrical Contractors License, license # 6112419. He did the insulation.
12/17/2021	Inspection completed onsite. Observed electrical base board heaters in each three separate resident bedrooms.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The home is a redone modular doublewide 24' by 50' with an addition and is located in a rural part of Sand Lake. The home does not have a basement. The home has a large front deck and the back of the home has a small deck which has the MRCOOL device sitting on it. The main floor of the home has three resident bedrooms, a living room, a dining room, a full bathroom, a kitchen, a laundry room, and large bathroom with a tub and a handicapped equipped shower. Off the handicapped shower there is an inside wheelchair ramp. The floor slops downward and then turns right with the floor sloping

downward which leads to the bottom of the floor and there is a door with a direct exit to the outside of the home. Outside there is a cement driveway. This is the inside ramp which allows the home to be wheelchair accessible. Therefore, the home is wheelchair accessible and has at least, 1 approved means of egress that is equipped with a (inside) ramp from the first floor directly to the outside. The home has two non-resident bedrooms at the end of the inside ramp. The home has an exit ramp out the front door that runs right along the side of the home and ends onto the cement driveway. The home will utilize private water and a septic system. The well and septic were new in the fall of 2020. According to Mr. Kleck the electrical has all been redone with 200amp with new service and wiring. He explained that the old gas heating has been removed and replaced with a heat pump electrical system, which is outside of the home, and a whole house on demand electric hot water heater. The home is heated by electricity through a MRCOOL Olympus...Ductless Heath Pump Split System, Tri Zone Wall Mounted and the home contains two of the wall mounted heat and cooling pump, which has a remount control. All appliances are electric and there is an installed back-up generator for power outages. Three fire alarms are hard wired and is reintegrated and each bedroom has a carbon monoxide detector. The home does not have a basement. Since the home does not have any ductwork, we requested they have direct heat provided in each resident bedroom. The applicant stated they had Arrow Electric Services LLC. Pull a permit for updated electrical work. The applicant sent an email stating that the new heating units had been installed and inspected by Nelson Township. Attached was a copy of Nelson Township's Approval of Electrical Final Inspection of Electrical Hearers and their day of inspection was 12/14/2021. On 12/15/2021, I received an email with attachments. Arrow Electrical Services LLC, Invoice dated 12/15/2021, Service Call 12/10/2021. "Ran 3 new 240V circuits for baseboard heaters. Installed 3 electric baseboard heaters and thermostats. Nelson Township Electric Permit 72inch, 1,500 Watt, 240 Volt Electrical Base Boards Heaters, Manufacture Cadet, Model 6F150." Attached was a picture of the Master Electrician License of Paul A Krantz with a license # of 6216622. Also attached was Mr. Krantz's Electrical Contractors License, license # 6112419. Mr. Krantz did the insulation of the baseboard heaters.

On 12/17/202, I conducted an announced inspection of the home and I observed the new baseboard heaters, one in each for the three resident bedrooms.

On the day of the original inspection, I measured the resident bedrooms and the living space of the home

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	12' x 11'	130	1
#2	10' 11" x 11' 5"	124.71	1
#3	12' x 11'	130	1

The living, dining, and sitting room areas measure a total of 295.46 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 three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to three ambulatory or non-ambulatory residents, whose diagnosis is aged or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents from network 180 as a referral source.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

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

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 3-bed family home, there is adequate supervision with 1 responsible person on-site for 3 residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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 acknowledges an understanding of the administrative rules regarding medication procedures. 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 establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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, 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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges 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 when a resident can be discharged before the issuance of a 30-Day written discharge notice. .

**D. Rules or 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 temporary license to this AFC adult family home capacity 3.

*Arlene B. Smith*

12/20/2021

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Arlene B. Smith, MSW  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:

*Jerry Hendrick*

12/20/2021

\_\_\_\_\_  
Jerry Hendrick  
Area Manager

\_\_\_\_\_  
Date