



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 20, 2023

Shequita Brown  
1961 Reynolds  
Muskegon, MI 49440

RE: Application #:	AF610417971 Organic Care 1961 Reynolds St. Muskegon, MI 49442
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Dear Ms. Brown:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF610417971
<b>Applicant Name:</b>	Shequita Brown
<b>Applicant Address:</b>	1961 Reynolds Muskegon, MI 49440
<b>Applicant Telephone #:</b>	(870) 635-3599
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Organic Care
<b>Facility Address:</b>	1961 Reynolds St. Muskegon, MI 49442
<b>Facility Telephone #:</b>	(870) 635-3599
<b>Application Date:</b>	10/16/2023
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

10/16/2023	Enrollment
10/16/2023	PSOR on Address Completed
10/16/2023	Application Incomplete Letter Sent AFC 100 for Responsible Person Merritt Kewanne & updated 1326 for Shequita
10/18/2023	Contact - Document Received AFC 100 for Responsible Person & 1326 for Shequita Brown.
10/18/2023	Application Incomplete Letter Sent SOS address discrepancy
10/27/2023	Contact - Document Received Verification of change of address with SOS
10/27/2023	File Transferred to Field Office GR via SharePoint
11/09/2023	Inspection Completed On-site
11/09/2023	Contact - Face to Face Shequita Brown, applicant. Inspected property for a small group home license and due to the bathroom inside an upstairs room, could not license as group home so this application filed by Ms. Brown for family home. All items documented in original inspection were fixed.
11/12/2023	Contact - Document Received updated family home documents for fee policy, emergency preparedness, standard rules, and procedures.
11/14/2023	Inspection Completed-BCAL Full Compliance.
11/14/2023	Contact - Document Received Verification of railing installed and locked medication cabinet.
11/20/2023	Application Complete
11/20/2023	Recommend License Issuance Recommend SC for DD/MI
11/21/2023	License and special certification issued.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a cape cod style home located in the city of Muskegon. The home consists of two proposed resident bedrooms, one located on the East side of the second floor and the other located on the main floor off the dining room. There is a third bedroom on the West side of the second floor that is not for resident use. On the main floor there is a full bathroom for resident use off the kitchen. The living, dining and kitchen area is located on the main floor of the facility as is an activity area. This home is not wheelchair accessible and has two means of egress from the main floor. The means of egress are through a front door with steps and a back door with steps, there are no ramps at either of the exits and the home is not equipped for the use of wheelchairs. On the South side of the house, there is a door with steps that do not have a railing. The door is a storage area and residents will not use that door. The facility utilizes public water and sewage.

The gas water heater and furnace are in the basement and the door to the basement is in the back of the home off the enclosed back porch. The furnace and hot water heater are in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with battery powered, single station smoke detectors that have been installed near sleeping areas, in the living room, in the (basement) near the furnace. *\*Fire extinguishers are installed on each floor of the home.*

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-main floor	8.92 X 9.58	85.45	1
2-upper floor	15.66 X 10.83	170	2

The living, dining, and sitting room areas measure a total of 372 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** 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 three (3) ambulatory residents, whose diagnosis is developmental disability 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 Muskegon County-DHHS, Muskegon County Health West/CMH, or private pay individuals 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 (s). 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(s) have 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.

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 (3) 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 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility. The applicant acknowledges that residents who require the use of a wheelchair are not able to reside in this home as it is not wheelchair accessible.

**D. Rules or Statutory Violations**

The applicant was following 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 family home (capacity 3).



11/21/2023

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Elizabeth Elliott  
Licensing Consultant

Date

Approved By:



11/21/2023

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Jerry Hendrick  
Area Manager

Date