



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 3, 2024

Rebecca Worthington  
Grace Valley, LLC  
15198 County Road  
Gobles, MI 49055

RE: Application #: AS390416253  
**Grace Valley**  
**3530 Douglas Ave**  
**Kalamazoo, MI 49004**

Dear Rebecca Worthington:

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 cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390416253
<b>Licensee Name:</b>	Grace Valley, LLC
<b>Licensee Address:</b>	15198 County Road Gobles, MI 49055
<b>Licensee Telephone #:</b>	(269) 547-8026
<b>Licensee Designee:</b>	Rebecca Worthington
<b>Administrator:</b>	Rebecca Worthington
<b>Name of Facility:</b>	Grace Valley
<b>Facility Address:</b>	3530 Douglas Ave Kalamazoo, MI 49004
<b>Facility Telephone #:</b>	(269) 254-8944
<b>Application Date:</b>	04/24/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

04/24/2023	On-Line Enrollment
04/26/2023	Application Incomplete Letter Sent App Inc Ltr sent w/1326a and RI-030
04/26/2023	Comment-Sent request to consultant to use EHI completed at this address on 2/6/23
04/26/2023	Comment-O. Johnson gave permission to use EHI completed at this address on 2/6/23
05/26/2023	Contact - Document Sent-1326 and RI-030 for correct fingerprints
05/30/2023	Comment-Responded to email regarding the type of fingerprints needed.
05/30/2023	Contact - Document Received-1326A and RI-030
07/05/2023	Contact - Document Sent-Wrong prints still after second request.
07/13/2023	Contact - Telephone call made-Spoke with Rebecca about the fingerprints, her RI-030 is correct, but the vendor made an error with the coding. She was advised to pursue it or get new prints. Sent back completed RI-030 and new one.
07/20/2023	Contact - Document Received-1326A and RI-030
07/21/2023	PSOR on Address Completed
07/21/2023	Comment-Sent request to have fingerprints uploaded
07/21/2023	Comment-EHI completed on 2/26/23 at this address.
08/09/2023	File Transferred To Field Office
09/20/2023	Application Incomplete Letter Sent
09/22/2023	Contact - Document Received- Facility Documents
09/29/2023	Contact - Document Received-Facility/Licensee Documents
10/25/2023	Contact - Document Received-Licensee Documents
12/04/2023	Contact - Document Received-Evacuation plan, licensee trainings, electrical inspection

12/12/2023      Inspection Completed On-site  
 12/22/2023      Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility has been licensed as an adult foster home since 2013 and is now undergoing a change in licensee and a change in ownership.

This is a ranch style home with a lower-level walkout that can be used for resident activities. It is located in a suburban area just north of the city of Kalamazoo, MI. The 1<sup>st</sup> floor of the home includes six resident bedrooms with ½ bathrooms, one full bathroom with a shower for resident use, living room, dining room, and kitchen. The lower level includes a laundry room, furnace room, recreation room and storage rooms. The home is wheelchair accessible which can accommodate wheelchairs throughout the main level of the home and has two approved means of egress from the 1<sup>st</sup> floor that are at grade. The home has a public water and a private sewer system that was inspected and approved by the local health department on 2/26/23 which verified compliance with rules pertaining to Environmental Health.

The gas boiler and water heater are located on the lower level of the home in an enclosed heat plant room constructed of material which has a 1-hour-fire resistance rating that is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The door leading to the basement at the bottom of the stairs has a closing device and positive latching hardware creating floor separation. The flame producing equipment was inspected and approved by a licensed professional on 9/28/2023.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and inspected on 9/29/2023. Smoke detectors were located on each level of the home, in sleeping areas, and in areas of the home that contain heat producing equipment. The facility is equipped with fire extinguishers which are located 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	12'6" x 12'6"	122 sq ft	1
2	12' x 12'6"	120 sq ft	1
3	12'4" x 12'6"	124 sq ft	1

4	11'4" x 13'	117 sq ft	1
5	12'1" x 10'	123 sq ft	1
6	12' x 12'8"	122 sq ft	1

The indoor living and dining areas measure a total of 465 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six 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 six male and/or female residents who are aged and/or physically handicapped. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept residents with private sources for payment.

**If needed by residents**, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

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

**C. Applicant and Administrator Qualifications**

The applicant is Grace Valley L.L.C., a "Domestic Limited Liability Company", established in Michigan on 7/18/2013. 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 of Grace Valley, L.L.C. have submitted documentation appointing Rebecca Worthington as licensee designee and administrator for this facility.

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

Rebecca Worthington provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Rebecca Worthington has extensive direct care experience of 39 years working with aged and physically

handicapped populations in multiple settings which includes group homes, hospitals, private homes, and nursing homes. Rebecca Worthington is currently a patient care technician at Ascension Borgess Hospital.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

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 acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge 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 applicant 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 designee will 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 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, the applicant 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.

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

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

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant 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.

The applicant 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.

The applicant 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.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six residents.

*Ondrea Johnson*

1/2/2024

Ondrea Johnson  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

01/03/2024

Dawn N. Timm  
Area Manager

Date