



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 29, 2024

Juliana Kiptarus  
Hilten Group Home LLC  
6755 Keystone St.  
Portage, MI 49024

RE: Application #: AM130417481  
**Hilten Group Home**  
**20544 McAllister Rd.**  
**Battle Creek, MI 49016**

Dear Mrs. Kiptarus:

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 12 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,

*Kevin L Sellers*

Kevin Sellers, Licensing Consultant  
Department of Licensing and Regulatory Affairs  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-3704  
[SellersK1@michigan.gov](mailto:SellersK1@michigan.gov)

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM130417481
<b>Licensee Name:</b>	Hilten Group Home LLC
<b>Licensee Address:</b>	6755 Keystone St. Portage, MI 49024
<b>Licensee Telephone #:</b>	(517) 348-9493
<b>Licensee Designee:</b>	Juliana Kiptarus
<b>Administrator:</b>	Juliana Kiptarus
<b>Name of Facility:</b>	Hilten Group Home
<b>Facility Address:</b>	20544 McAllister Rd. Battle Creek, MI 49016
<b>Facility Telephone #:</b>	(517) 348-9493
<b>Application Date:</b>	08/16/2023
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

10/31/2022 Inspection Completed-Fire Safety : A  
Completed for active license AM130281778

04/12/2023 Inspection Completed-Env. Health : A  
Completed for active license AM130281778

08/16/2023 On-Line Enrollment.

08/22/2023 PSOR on Address Completed no perpetrators identified.

08/24/2023 Contact - Document Received Corporate Application.

08/28/2023 Contact - Document Received AFC 100 & 1326/RI 030 for  
Juliana (referred to C Coburn for print review).

09/06/2023 File Transferred To Field Office Lansing via SharePoint.

09/06/2023 Application Incomplete Letter Sent emailed to licensee, Juliana  
Kiptarus.

09/06/2023 Contact - Telephone call received from licensee regarding  
incomplete letter.

09/25/2023 Contact - Document Sent email to licensee.

09/25/2023 Contact - Document Received from licensee designee.

09/26/2023 Contact - Telephone call made with licensee designee Juliana  
Kiptarus about app incomplete letter.

09/28/2023 Contact - Document Received from licensee.

09/29/2023 Application Incomplete Letter number 2 sent emailed to licensee  
designee.

09/30/2023 Contact - Document Received from licensee.

10/02/2023 Contact - Document Sent email to licensee.

10/02/2023 Contact - Telephone call made interviewing licensee for Reeves  
Adult Foster Care, Randy Reeves.

10/02/2023 Contact - Document Received email from Randy Reeves.

10/02/2023 Inspection Completed-Fire Safety : A  
Completed for active license AM130281778

10/03/2023	Contact - Document Received from licensee, Juliana Kiptarus.
10/03/2023	Contact - Telephone call made with licensee scheduling original on-site inspection.
10/03/2023	Application Complete/On-site Needed onsite scheduled.
10/10/2023	Inspection Completed On-site.
10/11/2023	Contact – Telephone Contact from licensee, Juliana Kiptarus.
10/11/2023	Inspection Completed-BCAL Sub. Compliance
12/20/2023	Contact – Telephone Contact from licensee, Juliana Kiptarus.
12/20/2023	Confirming Letter Sent.
01/18/2024	Contact-Documentation Received-licensee resume and property purchase agreement.
01/19/2024	Inspection Completed-BCAL Full Compliance.

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Hilten Group Home LLC is a currently licensed adult foster care facility with a capacity of 12 resident beds. Hilten Group Home LLC is a large two-story, wood frame house located at 20544 McAllister Road Battle Creek, Michigan in Calhoun County. There are multiple restaurants, convenience stores, and Pennfield Community Schools located within 1 mile of the facility. Direct care staff and visitor parking is located in the driveway of the facility with an ample amount of space for all. Residents will occupy the 1st floor of the facility only while the licensee designee will occupy the 2nd floor with full living space including full-size bathroom, bedroom, office, dining and kitchen area. The 1st floor has a kitchen, dining area, living room, six private resident bedrooms, enclosed porch and a large full bathroom. The facility's 1st floor consists of six resident bedrooms, full size bathroom, large living room, dining area, spacious kitchen, enclosed porch along with storage rooms. Zoning approval for this facility is located in the file.

The facility is entered through the enclosed front porch, then into the kitchen, to the left of the kitchen is resident bedroom #1, the dining room area is adjacenced to resident bedroom #1, and the full-size bathroom is to the right of the dining room. The living and dining room is connected and located to the left of the dining room. The living room is

located past the dining room area, resident bedrooms #2, #3, #4, #5, and #6 are past the living room and the washer/dryer area are located inside the full-size bathroom. There are two separate approved means of egress with one located at the driveway entrance of the facility and the second located in the hallway between resident bedroom # 4 and # 5 exiting to the side yard of the facility. However, neither exit is wheelchair accessible so the facility is not wheelchair accessible and cannot accept residents who required the regular use of a wheelchair to assist with mobility.

The facility is equipped with hardwired blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. The facility is equipped with full sprinkler system, and on file is a report from the Bureau of Construction Codes and Fire Safety giving full approval for rules pertaining to fire safety. The facility was found to be in full compliance with Bureau of Fire Safety applicable rules during an inspection on 10/02/2023.

The facility utilizes private water and private sewage disposal systems. On file is a report from the Calhoun County Health Department indicating the facility was found to be in substantial compliance with applicable rules for Environmental Health during the onsite inspection on 04/12/2023. The boiler and hot water heater use natural gas and are in the basement of the facility accessible through the hallway stairwell on the first floor. The boiler and hot water heater were inspected by a licensed professional on 04/08/2021 with an expiration on 04/08/2024 and found to be in fully operational order. The basement door is constructed of 1 3/4-inch fire rated solid core door material and equipped with an automatic self-closing device and positive latching door hardware creating a floor separation from the first floor of the facility to the basement. The facility is equipped with a fire extinguisher located in the kitchen and basement areas of the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9' 5" X 16' 5"	165 sq. ft.	2
2	12' 4" X 10' 8"	136 sq. ft.	2
3	12' 4" X 10' 8"	136 sq. ft.	2
4	12' 10" X 10' 8"	137 sq. ft.	2
5	13' X 10'	130 sq. ft.	2
6	13' X 9' 11"	137 sq. ft.	2

The indoor living and dining areas measure a total of 876 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 twelve (12) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to twelve (12) male ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, mentally ill or aged populations in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Calhoun County Community Mental Health (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, and the responsible agency.

The licensee will provide resident transportation to and from regular appointments and doctor visits along with other approved transportation needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools, churches, libraries, shopping centers, and local parks. Residents are responsible for their own purchases on outings.

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

The applicant is Juliana Kiptarus under the name Hilten Group Home LLC, which is a "For Profit Corporation", established in Michigan, on 08/21/2023. Ms. Kiptarus 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. Ms. Kiptarus was appointed on the application as the Licensee Designee and Administrator for this facility. A licensing record clearance request was completed with no convictions recorded for Juliana Kiptarus. Juliana Kiptarus submitted a medical clearance request with statements from a physician documenting her good health and current TB negative results. Juliana Kiptarus has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Ms. Juliana Kiptarus has provided documentation to satisfy the qualifications and training requirements as licensee designee and administrator identified in the group home rules. Ms. Kiptarus began her employment in 2011 through present with Medilodge of Campus Area, Pine Health Care, Borgess Hospital, Pineview Health, Northwest Health Hospital and Kalamazoo Assisted Living as a certified nursing assistant (CNA) and then later a registered nurse (RN). Ms. Kiptarus has worked directly with residents with physically handicapped, developmentally disabled, mental ill

and aged and completed required trainings in accordance with AFC requirements for over 13 years.

The staffing pattern for the original license of this twelve-bed facility is adequate and includes a minimum of one staff for twelve residents per shift. The applicant acknowledges that the staff to 12 resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 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 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 indicated resident medication will be stored in a locked cabinet and 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 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 resident 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 temporary six-month license to this AFC adult medium group home with a capacity of 12 residents.

*Kevin L. Sellers*

01/19/2024

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Kevin Sellers  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

01/29/2024

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Dawn N. Timm  
Area Manager

Date