



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 3, 2024

Keyonie James  
Big Five, LLC  
1718 Elmwood Rd  
Lansing, MI 48917

RE: Application #: AS230416057  
**Elmwood Acres**  
**1718 Elmwood Rd.**  
**Lansing, MI 48917**

Dear Ms. James:

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,

*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>	AS230416057
<b>Applicant Name:</b>	Big Five, LLC
<b>Applicant Address:</b>	1718 Elmwood Rd Lansing, MI 48917
<b>Applicant Telephone #:</b>	(702) 628-6809
<b>Administrator:</b>	Patrick Mlay
<b>Licensee Designee:</b>	Keyonie James
<b>Name of Facility:</b>	Elmwood Acres
<b>Facility Address:</b>	1718 Elmwood Rd. Lansing, MI 48917
<b>Facility Telephone #:</b>	(702) 628-6809
<b>Application Date:</b>	03/27/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

03/27/2023	Enrollment.
04/03/2023	Application Incomplete Letter Sent App inc ltr sent w/1326a, RI-030, and AFC-100.
04/12/2023	Contact - Document Received 1326 & RI-030- request sent to add fingerprints.
05/04/2023	PSOR on Address Completed.
05/04/2023	File Transferred To Field Office.
05/09/2023	Application Incomplete Letter emailed to applicant.
07/31/2023	Application Incomplete Letter Sent.
07/31/2023	Contact - Document Sent Email requesting update on sending in documents.
11/20/2023	Contact - Telephone call made with licensee, Keyonie James, discussed about documents received.
11/22/2023	Contact - Document Received from licensee, Keyonie James.
12/08/2023	Inspection Completed On-site.
12/08/2023	Inspection Completed-BCAL Sub. Compliance.
12/15/2023	Contact - Document Received with pictures for corrective action plan (CAP) rule # 511(2).
12/15/2023	Corrective Action Plan Received from licensee, Keyonie James, with pictures of the corrections.
12/15/2023	Corrective Action Plan Approved after receiving pictures of corrections.
12/15/2023	Inspection Completed-BCAL Full compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Elmwood Acres is a large one-story ranch home constructed on a crawl space foundation located at 1718 Elmwood Rd. Lansing, Michigan in Eaton County. There are multiple restaurants and convenience stores, Great Lakes Christian College, E. W.

Sparrow Hospital St. Lawrence Campus and Elmwood Elementary School, Waverly Middle/High Schools all located within three miles of the home. Direct care staff and visitor parking is located in the horseshow driveway of the facility with ample amount of parking space for all.

The facility consists of three resident bedrooms, two full resident bathrooms, one half bathroom, a large living and dining room area, recreation sitting room, spacious kitchen, laundry room, four season sitting room and an exterior sitting court yard. When entering the facility through the front entrance, the recreation sitting room is the first room observed, the living room is to the left, kitchen is straight forward, dining room is adjacent to the kitchen and the four-season sitting room is adjacent to the living room. The mechanical room, washer/dryer area and facility office are located to the right of the recreation sitting room. One full bathroom is located off the hallway to the bedrooms. One half bathroom is located off the dining room. Resident bedrooms #1, # 2 and # 3 are located to the left of the living room. The second full bathroom is located inside of resident bedroom # 3.

There are two separate approved means of egress with one located at the driveway entrance of the facility and the second located in the dining room exiting to the facility courtyard. However, neither exit is wheelchair accessible so the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair to assist with mobility.

The facility utilizes public water and public sewage disposal systems. The furnace and hot water heater use natural gas and are housed in a separate room constructed of materials having a 1-hour-fire resistance rating and the door to the room is made of 1 ¾ inch solid core wood, hung in a fully stopped wooden frame, equipped with an automatic self-closing devise and positive-latching hardware. The furnace and hot water heater were inspected by a licensed professional on 01/30/2023 and found to be in fully operational order.

The facility is equipped with a hardwired blue tooth connected smoke and carbon monoxide detection system with battery back-up which was installed by a licensed electrician and is fully operational. There are smoke detectors located in sleeping areas and near heating equipment at the facility. The facility is equipped with fire extinguishers located in the kitchen area, laundry room area and inside the mechanical room of the facility. Resident bedrooms were measured during the on-site inspection and have the following dimensions.

Bedroom #	Room Dimensions	Total Square Footage	Beds
1	10' 0" X 13' 5"	130 sq. ft	2
2	10' 0" X 14' 0"	140 sq. ft	2
3	12' 0" X 18' 11"	216 sq. ft	2

The indoor living and dining areas measure a total of 675 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this home can accommodate six (6) residents only. It is the licensee's responsibility not to exceed the 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 six (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 Eaton County Community Mental Health or private pay individuals.

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 not provide transportation for program and medical needs, but direct care staff members will be able to assist with coordination of transportation. The facility will make provision for a variety of leisure and recreational equipment and in-house activities. It is the intent of this facility to utilize local community resources including public schools, local community college, libraries, shopping centers, and local parks. The facility will offer a variety of supplies for at home entertainment, including craft supplies, games, and gardening. Activity groups are coordinated and led by direct care staff as well as group gatherings that come about naturally among residents, will welcome church services, and pet therapy. Residents are responsible for their own purchases on outings.

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

The applicant is Big Five LLC, which is a for profit corporation, established in Michigan, on 11/29/2021. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate financial capability to operate this adult foster care facility.

Big Five LLC submitted documentation appointing Keyonie James as Licensee Designee for this facility and Patrick Mlay as the Administrator of the facility. A licensing record clearance request was completed with no convictions recorded for Keyonie James or Patrick Mlay. The licensee designee Keyonie James and administrator Patrick Mlay submitted medical clearance requests with statements from a physician documenting their good health and current negative TB results.

Ms. Keyonie James has provided documentation to satisfy the qualifications and training requirements as licensee designee identified in the group home rules. Ms. James has worked in a variety of roles over the years that include Ingham County Health Department as a certified Woman's Health Educator and Ingham County Community Mental Health (CMH) as an IT Coordinator with health records, certified First Aid, Organization Compliance Officer for State and Federal Regulations and currently maintains this employment. Ms. James has provided direct care to residents diagnosed with physical handicaps, developmental disabilities, and mental illness for over nine years and completed required trainings in accordance with AFC requirements.

Mr. Patrick Mlay provided documentation to satisfy the qualifications and training requirements as administrator identified in the group home rules. Mr. Mlay has one-year voluntary experience providing direct care to residents diagnosed with physical handicaps, developmental disabilities, and mental illness and completed required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff-to-six residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated direct care staff will not be awake during sleeping hours.

The applicant acknowledges 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 acknowledges 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 acknowledges 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 and that only those direct care staff that have received medication training and have been determined competent by the licensee designee can administer medication to residents. In addition, the applicant has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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

The applicant acknowledges their 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 acknowledges 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 license to this AFC adult small group home with a capacity of six residents.

*Kevin L. Sellers*

12/27/2023

---

Kevin Sellers  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

01/03/2024

---

Dawn N. Timm  
Area Manager

Date