



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 5, 2023

Laura Esese  
Dignified Care LLC  
3640 Brambleberry DR NW  
Comstock Park, MI 49321

RE: Application #: AM410411953  
Walker Home  
1675 3 Mile Rd. NW  
Grand Rapids, MI 49544

Dear Ms. Esese:

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 (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**

<b>License #:</b>	AM410411953
<b>Applicant Name:</b>	Dignified Care LLC
<b>Applicant Address:</b>	3640 Brambleberry DR NW Comstock Park, MI 49321
<b>Applicant Telephone #:</b>	(616) 856-9191
<b>Administrator/Licensee Designee:</b>	Laura Esese, Designee
<b>Name of Facility:</b>	Walker Home
<b>Facility Address:</b>	1675 3 Mile Rd. NW Grand Rapids, MI 49544
<b>Facility Telephone #:</b>	(616) 453-6311
<b>Application Date:</b>	03/09/2022
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

03/09/2022	Enrollment
04/15/2022	Contact - Document Received AFC 100 for Laura Esese
04/15/2022	File Transferred To Field Office GR via SharePoint
04/22/2022	Application Incomplete Letter Sent
10/22/2022	Applicant Ms. Laura Esese brought a notebook to the state building containing required documents for licensing.
04/18/2023	Inspection Completed On-site
04/20/2023	Contact - Document Received Received the Licensee Designee's physical and zoning approval.
04/25/2023	Inspection Completed-Env. Health: A the Kent County Health Department came to the current licensed home and issued A rating.
04/27/2023	Contact - Document Received Ms. Esese sent a copy of the boiler inspection report.
07/02/2023	Contact - Document Received The applicant completed a Plan of Correction for the fire inspection, and she sent the POC to me and to the fire marshal.
07/23/2023	Contact - Document Received
08/16/2023	Contact - Telephone call made. I contacted Richard Day the director of fire safety and asked him for the final full fire report.
08/18/2023	Contact - Document Received Mr. Richard Day sent me the final fire report with full approval.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

The facility is in a raised ranch style home located in a semi-suburban of Walker, Michigan, northwest of Grand Rapids. As you enter the main entrance to the home, there are steps to the main upper level. The main floor/upper level consists of a living

room/dining/kitchen, combination of a great room. There are four resident bedrooms, and one room that will be used as a small office. There is one full bathroom. If entering the home by the main door there are steps to the lower level. This lower level has a walk out to the back yard, three resident bedrooms, one full bathroom, a laundry room, boiler room, and a storage room. There is a full apartment that will be used as an office and for storage. The facility is not wheelchair accessible. There are two approved means of egress from the main floor as well as two from the lower level. The facility utilizes public water and sewer system.

The gas boiler and hot water heater is located in the lower level in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid cord door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. At the bottom of the stairs there is a 1 and 3/4 solid core door that creates a floor separation between the lower floor and the upper floor. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Main floor/Upper-level Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	8' x 10'	80 sq. ft.	1
# 2	14' x 10'	140 sq. ft.	2
# 3	14' x 10'	140 sq. ft.	2
# 4	14' x 10' 6"	147 sq. ft.	2
Walk-out Level			
# 5	8' x 10"	80 sq. ft.	1
# 6	14' x 10'	140 sq. ft.	2
# 7	14' x 10'	140 sq. ft.	2

The living, dining, and sitting room areas measure a total of 566 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 **twelve** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The facility was previously licensed to Mrs. Shirley Bergsma, and it was called Bergsma AFC # 3. This facility was opened on 10/02/1987 and closed on 02/28/2013 and the license number was AM410008748. Ms. Bergsma sold the facility to Elizabeth and Anthony Andrus and was it was called Andrus AFC Home LLC, License number AM410313774. This occurred on 03/01/2013. Andrus AFC Home choose to sell their

corporation along with the facility back to Mrs. Bergsma, now Bergsma AFC LCC Corporation. The name of the home was changed to Bergsma AFC LLC # 2 and the license was the same number.

## **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 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 Kent County-DHHS, Kent County CMH, network 180 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 all transportation for program and medical 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 and libraries, local museums, shopping centers, and local parks.

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

The applicant is Dignified Care, Inc., which is a "For Profit Corporation" which was established in Michigan, on 06/24/2020 and is a For Profit, "Domestic Limited Liability Company". 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 Board of Directors of Dignified Care Inc have submitted documentation appointing Laura Eese as Licensee Designee for this facility and as the Administrator of the facility.

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

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 2 staff -to- 12 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 that direct care staff will be awake during sleeping hours.

The applicant stated that at no time will this facility rely on “roaming” staff or other staff that are simultaneously 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 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 and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges their 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 acknowledges their 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 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 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 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 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.

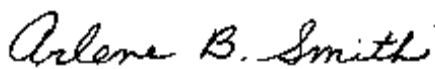
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/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 six-month temporary license to this adult foster care small/large group home with a capacity of 12.



Arlene B. Smith, Licensing Consultant

10/05/2023

Date

Approved By:



10/05/2023

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Jerry Hendrick, Area Manager

Date