



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 2, 2024

Angelia Sams
3051 Lowry Ct SE
Kentwood, MI 49512

RE: Application #: AF410418867
Caring Your Way LLC
3051 Lowry Ct SE
Kentwood, MI 49512

Dear Ms. Sams:

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene Smith, 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

License #:	AF410418867
Applicant Name:	Angelia Sams
Applicant Address:	3051 Lowry Ct SE Kentwood, MI 49512
Applicant Telephone #:	(231) 329-3153
Administrator/Licensee Designee:	N/A
Name of Facility:	Caring Your Way LLC
Facility Address:	3051 Lowry Ct SE Kentwood, MI 49512
Facility Telephone #:	(616) 554-3661
Application Date:	10/02/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/02/2024	Enrollment
10/02/2024	Application Incomplete Letter Sent requested 1326/RI030
10/02/2024	PSOR on Address Completed
10/02/2024	Contact - Document Sent forms sent
10/23/2024	Contact - Document Received
10/24/2024	File Transferred To Field Office
10/24/2024	Inspection Completed On-site
10/29/2024	Application Incomplete Letter Sent
11/14/2024	Contact - Telephone call received From Angela Sams.
12/02/2024	Inspection Completed On-site
12/02/2024	Contact - Document Received Received letter from Landlord, furnace inspection, lease agreement, Emergency plans for fire, medical and severe weather, and Responsible Person's name and trainings.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a stick framed duplex type located in Kentwood. The home has two resident bedrooms on the main floor, a living room, and kitchen, a full bath and a porch off the back of the home. There is a medication room between the two sides. The lower level of the has a laundry area, tow resident bedrooms and a full bathroom. This home, as a duplex has the residents living on one side of the duplex and on the other side the licensee is living on the other side There is also a two-stall garage. The home is not wheelchair accessible. The home will utilize public water and sewage system. This home has been licensed by two previous licensees.

The gas furnace and hot water heater are located 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 have been installed near sleeping areas, in the living room, in the (basement) near the furnace. The 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	10' 7" x 11' 2"	118.1786	1
# 2	13' 2" x 13'	171.21	2
# 3	13; 6" x 13' 7"	183.33	1
# 4	15' 1" x 11' 2"	168.44	2

The living, dining, and sitting room areas measure a total of 329 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 **six** 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 six ambulatory residents, whose diagnosis is aged 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 Kent County Department of Health and Human Services and Kent County CMH, network 180 as a referral source and they will accept 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, 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. 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 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 six (6) 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 6 bed family home, there is adequate supervision with 1 responsible person on-site –for- 6 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) 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, 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 in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' 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.

D. Rules or 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 family home capacity 6.

Arlene Smith
Licensing Consultant

 12/2/24

6

