



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 17, 2025

Benjamin Biswas
3978 140th Ave
HOLLAND, MI 49424

RE: Application #: AF700418970
Mercy Care
3978 140th Ave
Holland, MI 49424

Dear Mr. Biswas:

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 4 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) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF700418970
Licensee Name:	Benjamin Biswas
Licensee Address:	3978 140th Ave HOLLAND, MI 49424
Licensee Telephone #:	(347) 922-1898
Administrator/Licensee Designee:	Benjamin Biswas
Name of Facility:	Mercy Care
Facility Address:	3978 140th Ave Holland, MI 49424
Facility Telephone #:	(347) 922-1898
Application Date:	11/06/2024
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/06/2024	On-Line Enrollment
11/07/2024	PSOR on Address Completed
11/07/2024	Contact - Document Sent forms sent
12/04/2024	Contact - Document Received forms returned as they are incomplete and missing signatures and TCN
12/13/2024	Contact - Document Sent sent AFC100 again to licensee for respond person
12/16/2024	File Transferred To Field Office
12/23/2024	Application Incomplete Letter Sent
03/04/2025	Application Complete/On-site Needed
03/04/2025	Inspection Completed On-site
03/04/2025	Inspection Completed-Env. Health : A
03/04/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This 1995 Bi-level home with a 2-stall garage is located in quiet neighborhood with similar homes in age and construction in Holland Michigan. As you enter the front door of the home, you step into a small foyer with stairs leading to the upstairs and downstairs of the home. There is also a door that leads to the garage. The upstairs of the home has cathedral ceilings in the living room, a full-size kitchen and dining room. The dining room has a sliding door that leads outside to a deck with stairs attached. The main floor has two bedrooms and a full-size bathroom. The upstairs of the home will be used by the owners and their teenage daughter. As you enter the basement of the home, you walk into a living room/dining room area that will be used by residents. To the right of the living room is a shared laundry room for the home occupants and residents. The gas furnace and hot water heater are also located in the basement with a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. Just past the laundry room is a full bathroom and two bedrooms for resident use. The home is equipped with battery powered single station smoke detectors in appropriate areas of the home, which were tested and deemed operable

during the onsite inspection. The home utilizes public water and sewer. The home is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.33 X 12.60	130 sq ft.	2
2	13.25 X 11.25	149 sq ft	2

The basement living and dining room areas measure a total of 263 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 home can accommodate **four** residents. It is the licensee's responsibility to not exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to **four** residents whose diagnosis are mentally ill, developmentally disabled, aged, Alzheimer's or physically handicapped 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 if deemed necessary. The applicant intends to accept residents from Ottawa County Community Mental Health (CMH).

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 Administrator 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents. 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 **four** 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 **4-bed** family home, there is adequate supervision with 1 responsible person on-site –for- 4 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 or volunteer 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 and volunteer. 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.

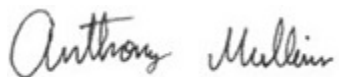
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. 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 temporary license to this AFC adult family home (capacity 4).

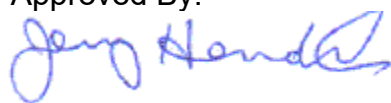


03/17/2025

Anthony Mullins
Licensing Consultant

Date

Approved By:



03/17/2025

Jerry Hendrick
Area Manager

Date