



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 29, 2025

Virginia Ontita
194 Garfield Ave
BATTLE CREEK, MI 49037

RE: Application #: AF130419260
Gilvine Homes
194 Garfield Ave
Battle Creek, MI 49037

Dear Ms. Ontita:

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) 356-0100.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF130419260
Licensee Name:	Virginia Ontita
Licensee Address:	194 Garfield Ave BATTLE CREEK, MI 49037
Licensee Telephone #:	(269) 425-2865
Licensee:	Virginia Ontita
Name of Facility:	Gilvine Homes
Facility Address:	194 Garfield Ave Battle Creek, MI 49037
Facility Telephone #:	(269) 425-2865 02/26/2025
Application Date:	
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

02/26/2025	On-Line Enrollment
02/27/2025	PSOR on Address Completed
02/27/2025	Contact - Document Sent
04/01/2025	Contact - Document Received
04/01/2025	Comment- Need Returned Forms
04/03/2025	Contact - Document Received
04/03/2025	File Transferred To Field Office
04/03/2025	Application Incomplete Letter Sent
04/15/2025	Contact - Document Received
04/16/2025	Application Incomplete Letter Sent-2 nd APP
04/16/2025	Contact - Document Sent
04/21/2025	Inspection Completed On-site
04/21/2025	Inspection Completed-BCAL Sub. Compliance
04/28/2025	Contact - Document Received
04/28/2025	Corrective Action Plan Received
04/28/2025	Corrective Action Plan Approved

04/28/2025	CAP Compliance Verification Letter Sent
04/29/2025	Inspection Completed On-site
04/29/2025	Inspection Completed-BCAL Full Compliance
04/29/2025	Inspection Completed-Env. Health: A
04/29/2025	Inspection Completed-Fire Safety: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Gilvine Home is a two-story home with a full basement, located at 195 Garfield Ave. Battle Creek, Michigan in Calhoun County. There are multiple restaurants and convenience stores within walking distance along with Franklyn, Northwestern and Battle Creek School Districts, Bronson Battle Creek Hospital and Summit Pointe Behavioral Health Specialist located within two to four miles of the home. Visitor parking is located in the horseshoe driveway of the home with ample amount of space provided.

Residents will occupy and have access to the first and second floors of the home. This includes three resident bedrooms, two full bathrooms, kitchen, dining room, large living room along with a large sitting wooden deck located at the front of the home. The licensee and spouse will occupy one bedroom on the second floor. The full finished basement consist of two additional bedrooms, storage areas, washer/dryer, furnace and hot water heater. The licensees two adult children will occupy the bedrooms in the basement.

There are two separate approved means of egress in the home with one located at the front entrance and the second exiting the kitchen area into the backyard. Neither exit is wheelchair accessible so the home is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair to assist with mobility.

The home utilizes public water and sewer supply disposal system. The basement door is constructed of 1 ¾ -inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the first floor of the home to the basement. The furnace and hot water heater was observed in

the basement. The furnace and hot water heater utilize natural gas and was inspected by a licensed professional on 4/15/25 and found to be in full operational order.

The home is equipped with hardwired interconnected blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. There are smoke detectors in sleeping areas, near heating equipment and on each level of the home. The home is equipped with fire extinguishers located in the kitchen and basement. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'4" X 13'0"	117 sq. ft.	1
2	9'4" X 11'4"	110 sq. ft.	1
3	15'4" X 14'7"	210 sq. ft.	2

The indoor living and dining areas measure a total of 429 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 four (4) residents. 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 home were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to four (4) male ambulatory adults whose diagnosis is developmentally disabled and mentally impaired in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, training to develop personal adjustment and living skills, and an opportunity for involvement in day programs. 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/Summit Pointe along with 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 only provide transportation for program community activities and medical needs. Other transportation services for residents will be covered under the daily rate. The home will make provisions for a variety of leisure and recreational equipment. It is the intent of this home to utilize local community resources including public schools, libraries, shopping centers, and local parks. Community outings are

scheduled with consideration to requested destination, availability of transportation, level of resident interest, availability of staff and weather. Residents are responsible for their own purchases on outings.

C. Applicant and Responsible Person Qualifications

The applicant is Virginia Ontita who is listed as the licensee. 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 home.

A licensing record clearance request was completed with no convictions recorded for the applicant, responsible person and members of household. Virginia Ontita, Gilbert Matui, Kristian and Livaniah Juma submitted medical clearance requests with statements from a physician documenting their good health and current negative TB test results.

The application has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income for caring for adult foster care residents along with outside employment.

The application 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 licensure.

The supervision of residents in this licensed family home for four (4) residents will be the responsibility of the family home applicant, 24 hours a day seven days a week. A responsible person shall be on call in an emergency situation for up to seventy-two hours or any supervision relief.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 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 the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

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 of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights. The applicant acknowledged 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 issuing a discharge before a 30-day written discharge notice.

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 six-month temporary license to this adult foster care family home with a capacity of four (4) residents.

Kevin L. Sellers

4/29/25

Kevin Sellers
Licensing Consultant

Date

Approved By:

Russell Misiak

4/30/25

Russell B. Misiak
Area Manager

Date