



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 21, 2025

Leon Robinson Jr
A Global Homecare LLC
STE 400 #428
126 E Kilgore Road
Kalamazoo, MI 49002

RE: Application #: AS390418934
A Global Homecare LLC
930 Southern Ave
Kalamazoo, MI 49001

Dear Leon Robinson Jr:

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,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390418934
Licensee Name:	A Global Homecare LLC
Licensee Address:	STE 400 #428 126 E Kilgore Road Kalamazoo, MI 49002
Licensee Telephone #:	(786) 704-2191
Licensee Designee:	Leon Robinson Jr.
Administrator:	Leon Robinson Jr.
Name of Facility:	A Global Homecare LLC
Facility Address:	930 Southern Ave Kalamazoo, MI 49001
Facility Telephone #:	(786) 704-2191
Application Date:	10/25/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/25/2024	On-Line Enrollment
10/28/2024	PSOR on Address Completed
10/28/2024	Contact - Document Sent forms sent
12/04/2024	Contact - Document Received 1326/RI030
12/04/2024	Lic. Unit file referred for background check review sent ICHAT hit to Candace
12/09/2024	File Transferred To Field Office
12/09/2024	Application Incomplete Letter Sent
01/27/2025	Contact - Document Received-Facility/Applicant records
02/07/2025	Contact - Document Received-Facility records
02/11/2025	Contact - Document Received-TB test results
02/18/2025	Inspection Completed On-site
03/12/2025	Inspection Completed On-site
03/17/2025	Contact - Document Received-Picture of fire door
03/20/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

A Global Homecare LLC is a traditional style tri-level home located in the city of Kalamazoo near elementary schools, museums, hospitals and Bronson Park. The main level of the home includes a living room, dining room, kitchen, one resident bedroom and one full resident bathroom equipped with a walk-in shower. The upper second level of the home includes three resident bedrooms and one full resident bathroom. The unfinished upper third level of the home will not be occupied and will be renovated at a later date to be used as a recreational space. The home has an unfinished basement equipped with laundry facilities and will be used for storage. Residents will not access the basement. The home is not wheelchair accessible. The home utilizes public water supply and public sewage disposal system.

The gas furnace and water heater are located in the basement of the home and the door leading to the basement at the top of the stairs is equipped with a 1-3/4-inch solid

core door with an automatic self-closing device and positive latching hardware. The furnace and water heater were inspected on 12/20/2024 and found to be fully operational and in good working condition.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The system was inspected on 12/20/2024 and found to be fully operational. Smoke detectors are located in all resident sleeping areas, the basement, and areas with heat producing equipment. Fire extinguishers are on all three levels and basement of the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 x 14' 1"	154 sq ft	2
2	13' 5" x 11' 8"	156 sq ft	2
3	11 x 11' 7"	127 sq ft	1
4	11 x 9' 2"	100 sq ft	1

The indoor living and dining areas measure a total of 439 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, 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 intends to provide 24-hour supervision, protection and personal care to six male residents who are mentally ill and/or developmentally disabled. The program will include social interaction personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from CMH agencies in the surrounding area.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is A Global Homecare L.L.C., a “Domestic Limited Liability Company”, established in Michigan in May 2024. 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 members of A Global Homecare L.L.C. have submitted documentation appointing Leon Robinson Jr. as licensee designee for this facility and as the administrator of the facility.

A criminal history background check of Leon Robinson Jr. was completed and he was determined to be of good moral character to provide licensed adult foster care. Leon Robinson Jr. submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Leon Robinson Jr. provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Leon Robinson Jr is currently working on his master’s degree in Marriage and Family Therapy with a specialization in children and adolescents. Leon Robinson Jr. has over three years of direct experience working with the mentally ill and developmentally disabled populations in an independent living setting.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. 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 and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. 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 follow the retention schedule for all of the documents that are 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 requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 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 group home with a capacity of six residents.



Ondrea Johnson
Licensing Consultant

3/21/2025
Date

Approved By:



03/21/2025

Dawn N. Timm
Area Manager

Date