



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 23, 2025

Anne Gatu-Comeau  
168 20th Street N  
Battle Creek, MI 49015

RE: Application #: AF130419008  
FaithDracut LLC  
168 20th Street N  
Battle Creek, MI 49015

Dear Ms. Gatu-Comeau:

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,

*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](mailto:SellersK1@michigan.gov)

enclosure

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

**I. IDENTIFYING INFORMATION**

|                               |  |
|-------------------------------|--|
| <b>License #:</b>             | AF130419008                                      |
| <b>Applicant Name:</b>        | Anne Gatu-Comeau                                 |
| <b>Applicant Address:</b>     | 168 20th Street N<br>Battle Creek, MI 49015      |
| <b>Applicant Telephone #:</b> | (978) 726-4575                                   |
| <b>Licensee:</b>              | Anne Gatu-Comeau                                 |
| <b>Name of Facility:</b>      | FaithDracut LLC                                  |
| <b>Facility Address:</b>      | 168 20th Street N<br>Battle Creek, MI 49015      |
| <b>Facility Telephone #:</b>  | (978) 726-4575<br>11/27/2024                     |
| <b>Application Date:</b>      |  |
| <b>Capacity:</b>              | 6  |
| <b>Program Type:</b>          | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |

## II. METHODOLOGY

|            |                                      |
|------------|--------------------------------------|
| 11/27/2024 | Enrollment                           |
| 11/27/2024 | Comment                              |
| 11/27/2024 | PSOR on Address Completed            |
| 11/27/2024 | Application Incomplete Letter Sent   |
| 11/27/2024 | Contact - Document Sent              |
| 01/13/2025 | Contact - Telephone Contact Received |
| 02/25/2025 | Contact - Document Sent              |
| 03/07/2025 | Contact - Telephone Contact Received |
| 03/07/2025 | Contact - Document Sent              |
| 03/14/2025 | Contact - Document Received          |
| 03/14/2025 | Comment                              |
| 03/17/2025 | File Transferred To Field Office     |
| 03/17/2025 | Application Incomplete Letter Sent   |
| 04/01/2025 | Contact - Telephone Contact Made     |
| 04/16/2025 | Contact - Document Sent              |
| 07/04/2025 | Contact - Document Received          |

|            |   |
|------------|---|
| 07/07/2025 | Contact - Document Sent                   |
| 07/07/2025 | Contact - Document Received               |
| 07/07/2025 | SC-Application Received - Original        |
| 07/17/2025 | Contact - Telephone Contact Received      |
| 07/22/2025 | Inspection Completed On-site              |
| 07/22/2025 | Inspection Completed-BCAL Full Compliance |
| 07/22/2025 | Inspection Completed-Env. Health: A       |
| 07/22/2025 | Inspection Completed-Fire Safety: A       |

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

Faith Dracut LLC is a two-story home with an unfinished full basement, located at 168 20th St. N. Battle Creek, Michigan in Calhoun County. There are multiple restaurants and convenience stores within walking distance along with Prairieview and Lakeview School Districts, Bronson Battle Creek Hospital and Behavioral Health Clinic located within three miles of the home. Visitor parking is located in the parking lot located at the front entrance 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 six resident bedrooms, one full bathroom, two half bathrooms, kitchen, dining room and common sitting area in the home. The licensee will occupy one bedroom on the second floor. The full unfinished basement consist of storage areas, washer/dryer, furnace and hot water heater.

There are two separate approved means of egress in the home with one located at the front entrance and the second exiting the rear of the home 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 home has two furnaces one in the basement and the second located inside a mechanical room in the kitchen area. 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 second furnace inside the mechanical room was observed constructed of materials having a 1-hour-fire resistance rating with a door constructed of 1 ¾ -inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware. The furnaces 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, second floor and basement. Resident bedrooms were measured during the onsite inspection and have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 9'5" X 10'6"    | 90 sq. ft.           | 1                   |
| 2         | 10'3" X 10'9"   | 110 sq. ft.          | 1                   |
| 3         | 11'6" X 10'4"   | 110 sq. ft.          | 1                   |
| 4         | 9'5" X 10'5"    | 90 sq. ft.           | 1                   |
| 5         | 12'2" X 9'8"    | 108 sq. ft.          | 1                   |
| 6         | 8'4" X 10'2"    | 80 sq. ft.           | 1                   |

The indoor living and dining areas measure a total of 629 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 six (6) 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 six (6) male and female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired and aged 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 only for medical and dental 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 Anne Gatu-Comeau 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 and responsible person. Anne Gatu-Comeau and Makilah Zahara Mugweru-Gatu 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 six (6) 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](http://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 six (6) residents.

*Kevin L. Sellers*

7/23/25

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Kevin Sellers  
Licensing Consultant

Date

Approved By:

*Russell Misiak*

7/23/25

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Russell B. Misiak  
Area Manager

Date