



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 31, 2025

Jessica Kross  
Pine Rest Christian Mental Health Services  
300 68th Street SE  
Grand Rapids, MI 49548

RE: Application #: AS390419164  
**CenterPointe Recovery Center**  
**1701 Olmstead Road**  
**Kalamazoo, MI 49048**

Dear Jessica Kross:

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) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390419164
<b>Licensee Name:</b>	Pine Rest Christian Mental Health Services
<b>Licensee Address:</b>	300 68th Street SE Grand Rapids, MI 49548
<b>Licensee Telephone #:</b>	(616) 455-5000
<b>Licensee Designee:</b>	Jessica Kross
<b>Administrator:</b>	Candy McKenney
<b>Name of Facility:</b>	CenterPointe Recovery Center
<b>Facility Address:</b>	1701 Olmstead Road Kalamazoo, MI 49048
<b>Facility Telephone #:</b>	(269) 382-3865
<b>Application Date:</b>	01/22/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

01/22/2025	On-Line Enrollment
01/28/2025	PSOR on Address Completed
01/28/2025	Contact - Document Sent forms sent
02/11/2025	Contact - Document Received
02/12/2025	File Transferred To Field Office
02/12/2025	Application Incomplete Letter Sent
05/08/2025	Contact-Documentation Received -Warranty Deed, Administrator Qualifications, Evacuation Plan, Licensee Designee Qualifications, Budget, Staffing Pattern, Financial Statements, Admission Policy, Transitions and Discharge Policy, Refund Policy, Program Description, Organizational Chart.
05/10/2025	Application Incomplete Letter Sent.
05/31/2025	Contact-Documentation Received -Floor Plan.
07/02/2025	Inspection Completed On-site
07/08/2025	Contact-Documentation Received -Job Descriptions, Personnel Policies.
07/09/2025	Confirming Letter Sent
07/15/2025	Contact-Documentation Received -Confirmation of Dryer Vent.
07/24/2025	Contact-Documentation Received -Additional Policy and Procedures Relating to Davis Creek.
07/25/2025	Contact-Documentation Received -Confirmation of Door Locks, Bedroom Furnishings.
07/29/2025??	Inspection Completed On-site BCAL Full Compliance.

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

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

This facility's original building was a former one-story rehabilitative treatment facility and has been renovated to accommodate an adult foster care facility, including CenterPointe Recovery Center. CenterPointe Recovery Center is located in the southern half of the facility while the northern half of the building will be a crisis stabilization unit certified by the Michigan Department of Health and Human Services. A wall constructed of materials that provide a 1-hour-fire-resistance rating with a 20-minute fire door equipped with an automatic self-closing device and positive latching hardware is installed at the door separating CenterPointe Recovery Center from the crisis stabilization unit and the crisis stabilization unit will not be accessible to residents. CenterPointe Recovery Center is within three miles of downtown Kalamazoo and Bronson Hospital. Davis creek enters the facility property on the northern limits and exits at the southern limit of this property. The applicant will leave a natural boundary along the perimeter of this creek and will provide staff with training specific to the supervision requirements and/or redirection of residents who come within two feet of this water hazard, as well as the appropriate actions for residents demonstrating at risk behavior. There are multiple restaurants and convenience stores, as well as several churches and parks located within three miles of the home. Staff and visitor parking is located near the front entry of the facility in a large parking lot.

On the main floor is one full bathroom, five half bathrooms, six semi-private resident bedrooms, a health examination room, a team room, a quiet lounge, a medication room, dining area, laundry room and kitchen. All six semi-private resident bedrooms share three jack and jill bathrooms. This facility has one means of egress at ground level located at the southern main entrance of the facility and another means of egress at ground level located at northern entrance of the facility, making this facility wheelchair accessible with these two approved means of egress. This facility utilizes public water and septic systems.

This facility has three gas furnaces inspected on 06/19/2025 and are fully operational. A 20-minute fire door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to each fully enclosed furnace located between each set of adjacent semi-private resident bedrooms and is accessible from bedroom one, bedroom three and bedroom five, creating floor separation. This facility is equipped with three electric on-demand water heating systems located in a mechanical room in the center of the building.

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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'9" X 16'	172	1
2	10'10" X 16'	173	1
3	10'10" X 16'	173	1
4	10'9" X 16'	172	1
5	9'7" X 16'	153	1
6	10'11" X 16'	174	1

The living, dining, and sitting room areas measure a total of 341 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 (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in each resident's Assessment Plans for AFC Residents and individual plans of service. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) male or female ambulatory adults whose diagnosis is developmentally disabled, and/or mentally impaired, 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. The applicant has applied for specialized program certification and intends to accept residents under contract from Southwest Michigan Behavioral Health, Integrated Services of Kalamazoo and Network 180.

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 provide transportation for programming and medical needs as specified in the Resident Care Agreement. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local

community resources including public schools and libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

### **C. Applicant and Administrator Qualifications**

The applicant is Pine Rest Christian Mental Health Services, and it is a “Domestic Nonprofit Corporation” which was incorporated on June 12, 1913. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status. 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 Board of Directors of Pine Rest Christian Mental Health Services, has submitted documentation appointing Jessica Kross as Licensee Designee for this facility and Candy McKenney as the Administrator of the facility. A criminal background check of Jessica Kross and Candy McKenney was completed, and Jessica Kross and Candy McKenney are determined to be of good moral character to provide licensed adult foster care. Jessica Kross and Candy McKenney have each submitted a statement from their physician documenting their good health and current negative tuberculosis test results.

Jessica Kross and Candy McKenney have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Jessica Kross and Candy McKenney have provided proof of required training in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People. Jessica Kross is the current licensee designee for several other licensed facilities and has at least one year of experience working with the populations served in this facility. Candy McKenney is the current administrator for several other licensed facilities and has at least one year of experience working with the populations served by this facility.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 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 acknowledged 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 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 indicated resident medication will be stored in a locked cabinet and 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 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 resident 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 and special certification to this adult foster care small group home with a capacity of six residents.



07/29/2025

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Eli DeLeon  
Licensing Consultant

Date

Approved By:



07/29/2025

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Dawn N. Timm  
Area Manager

Date