



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 18, 2025

Deneal Devries
Great Lakes State Homes Corp.
15451 Buck Hollow Dr
Gowen, MI 49326

RE: Application #: AS410418898
Great Lakes State Homes-Burlingame
3983 Burlingame Ave SW
Wyoming, MI 49509

Dear Ms. Devries:

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 3 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,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410418898
Licensee Name:	Great Lakes State Homes Corp.
Licensee Address:	15451 Buck Hollow Dr Gowen, MI 49326
Licensee Telephone #:	(616) 916-0202
Administrator/Licensee Designee:	Deneal Devries, Designee
Name of Facility:	Great Lakes State Homes-Burlingame
Facility Address:	3983 Burlingame Ave SW Wyoming, MI 49509
Facility Telephone #:	(616) 916-0202
Application Date:	10/13/2024
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/13/2024	On-Line Enrollment
10/14/2024	PSOR on Address Completed
10/14/2024	Contact - Document Sent forms sent
10/16/2024	Contact - Document Received
11/08/2024	Contact - Document Received final paperwork needed
11/08/2024	File Transferred To Field Office
11/21/2024	Contact - Telephone call received
12/01/2024	Contact - Telephone call received from the applicant Daneal Devries
12/09/2024	Contact - Document Sent Packet of examples provided.
12/13/2024	Application Incomplete Letter Sent
04/15/2025	Inspection Completed On-site Reviewed Admission and Discharge Policy, Program Statement.
04/25/2025	Inspection Completed On-site
05/07/2025	Contact - Document Received Received Blue-Prints of the home.
06/23/2025	Contact - Telephone call received from the applicant, Daneal Devries.
07/03/2025	Contact - Document Received Received fax which contained the pictures.
07/11/2025	Contact - Telephone call made Telephoned Ms. Devries, requesting her to send the pictures by email.
07/11/2025	Contact - Document Received Received the pictures by email of the doors and the steps.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a stick framed bilevel and is located in the subdivision of Wyoming, Michigan. As you enter the foyer there are stairs that go up to the upper floor and stairs that go to the finished lower level. The main floor has a great room, a dining room, a kitchen, two resident bedrooms, and a full bathroom. The lower level cannot be used for residents because it does not have a direct exit to the outside. The home is not accessible by wheelchairs and has 2 approved means of egress, one out the front door and the other is off the outside deck with steps to the ground. The home will utilize the public water sewage system.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at bottom of the stairs. The furnace room also has a 1-3/4 inch solid core door solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire 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	13' 5" x 11' 9"	157.685	2
# 2	12' x 9'8"	115.42	1

The living, dining, and sitting room areas measure a total of 360.1522 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 three residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

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 three (3) male or female ambulatory adults whose diagnosis is developmentally disabled 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 intends to accept residents from the Department of Health and Human Services Kent County County-DHHS, Kent County CMH, (network 180), or 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 not provide all transportation for program and medical needs. The facility will make provision 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.

C. Applicant and Administrator Qualifications

The applicant is Great Lakes State Homes Inc., which is a "For Profit Corporation" was established in Michigan, on 01/30/2024. 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 Board of Directors of Great Lakes Homes, Inc. have submitted documentation appointing Daneal Devries as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1 staff -to- 3 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered

part of this facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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 and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges their 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 acknowledges their 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 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 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 that are 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

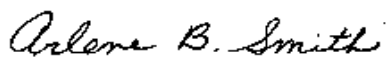
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 the issuance of a six-month temporary license to this adult foster care small group home, capacity 3.



Arlene Smith Date: 7/18/25
Licensing Consultant

Approved By:



—
Jerry Hendrick
Area Manager

Date: 7/18/25

V. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home capacity 3.

Upon receipt of an acceptable corrective action plan, I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Arlene B. Smith

07/17/2025

Arlene Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick
Area Manager

Date