



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 8, 2025

Tesia Jones
1022 Avondale Drive
KALAMAZOO, MI 49048

RE: Application #: AS390418991
Warming Hearts AFC
508 Phelps Ave
Kalamazoo, MI 49048

Dear Tesia Jones:

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 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 #:	AS390418991
Licensee Name:	Tesia Jones
Licensee Address:	1022 Avondale Drive KALAMAZOO, MI 49048
Licensee Telephone #:	(269) 249-7372
Licensee Designee:	Tesia Jones
Administrator:	Tesia Jones
Name of Facility:	Warming Hearts AFC
Facility Address:	508 Phelps Ave Kalamazoo, MI 49048
Facility Telephone #:	(269) 249-7372
Application Date:	11/16/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

11/16/2024	On-Line Enrollment
11/18/2024	PSOR on Address Completed
11/18/2024	Contact - Document Sent forms sent
12/11/2024	Contact - Document Received
12/11/2024	File Transferred To Field Office
12/12/2024	Application Incomplete Letter Sent
12/15/2024	Contact - Document Received-Licensee Records
01/19/2025	Contact - Document Received-Licensee/Facility Documents
02/16/2025	Contact - Document Received-Licensee/Facility Records
03/16/2025	Contact - Document Received-Licensee/Facility Documents
04/01/2025	Contact - Document Received-Facility Documents
05/01/2025	Contact - Document Received-Facility Documents
05/21/2025	Application Complete/On-site Needed
05/21/2025	Inspection Completed On-site
05/23/2025	Confirming Letter Sent
05/22/2025	SC-Application Received - Original
07/28/2025	Inspection Completed On-site
07/28/2025	Confirming Letter Sent
09/03/2025	Inspection Completed On-site
09/04/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Warming Hearts AFC is a two-story colonial home with an unfinished basement located in the city of Kalamazoo near downtown, grocery stores, parks and a hospital. The main level of the home includes a living room, dining room, kitchen, and a full resident bathroom equipped with a tub with shower. The upper level of the home includes three resident bedrooms, and a full resident bathroom equipped with a tub with a shower. The unfinished basement will not be regularly used by residents and includes the laundry facilities. The home does not have at least two approved means of egress that are equipped with a ramp from the first floor; therefore, the home is not wheelchair accessible. The home utilizes public water supply and sewage disposal system.

The gas furnace and water heater are located in the basement of the home. 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 was inspected by a licensed professional and was determined to be fully operational.

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 and battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. The facility is equipped with fire extinguishers which are located on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'7" x 15'7"	180 sq ft	2
2	11'3" x 13'4"	150 sq ft	2
3	14'2" x 11'7"	164 sq ft	2

The indoor living and dining areas measure a total of 307 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 6 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 or female residents who are mentally ill and/or developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, independent living skills, opportunity for involvement in

educational or day programs or employment and transportation. The applicant intends to accept referrals from Kalamazoo County CMH.

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents. Tesia Jones has been appointed the licensee designee and administrator for the facility.

Criminal history background check of Tesia Jones was completed, and she was determined to be of good moral character to provide licensed adult foster care. Tesia Jones submitted statements from a physician documenting her good health and current negative tuberculosis test result.

Tesia Jones has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Tesia Jones has worked as a resident care aide at the Kalamazoo Psychiatric Hospital and as a hospice aide for over three years. She is currently the licensee designee and administrator for another adult foster care home in the Kalamazoo area therefore has an abundance of experience working with the mentally ill and developmentally disabled populations.

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 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) 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 the 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 or more often if necessary. 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 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 temporary license to this AFC adult small group home (capacity 1-6).



Ondrea Johnson
Licensing Consultant

9/4/2025
Date

Approved By:



09/08/2025

Dawn N. Timm
Area Manager

Date