



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 17, 2025

Prince Andrew
Stone Home Partners
611 Douglas Ave
Kalamazoo, MI 49007

RE: Application #: AS390419707
Stone Home Partners 1
611 Douglas Ave
Kalamazoo, MI 49007

Dear Prince Andrew:

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 5 and specialized certification for the developmentally disabled and mentally ill, are 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 that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390419707
Applicant Name:	Stone Home Partners
Applicant Address:	611 Douglas Ave Kalamazoo, MI 49007
Applicant Telephone #:	(575) 329-2046
Administrator:	Mkama Martine
Licensee Designee:	Prince Andrew
Name of Facility:	Stone Home Partners 1
Facility Address:	611 Douglas Ave Kalamazoo, MI 49007
Facility Telephone #:	(575) 329-2046
Application Date:	07/08/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/08/2025	Enrollment
07/08/2025	PSOR on Address Completed
07/08/2025	Application Incomplete Letter Sent - 1326/RI030, AFC 100, IRS Letter
07/08/2025	Contact - Document Sent - Forms sent
07/21/2025	File Transferred To Field Office
07/22/2025	Application Incomplete Letter Sent - Sent via email
08/30/2025	Contact - Document Received - Received the following via email: Permission to inspect, rental contract, lease, admin - medical clearance/TB, LD - medical clearance/TB, program statement, standard procedures, discharge policy, admission policy, refund policy, evacuation plan, staff schedule, org chart, floor plan, budget, Admin - training/cpr/first aid/resume/college transcripts, LD - training/cpr/first aid/resume/high school equivalent, HVAC/water heater/interconnected smoke alarms inspection, dated 08/14/2025, electrical inspection.
09/09/2025	Contact - Document Sent - Sent 2nd application incomplete letter identifying documents still needed after review of documents submitted on 08/30/2025
10/14/2025	Contact - Document Received - Received updated required documents relating to enrollment.
10/17/2025	Application Incomplete Letter Sent - Resent app incomplete letter upon reviewing documents received from 10/14/2025
10/17/2025	Contact - Telephone call received – Applicant.
10/20/2025	Contact - Document Received - Received training documentation, specialized cert application, and updated program/admission statements.
10/20/2025	SC-Application Received – Original
10/20/2025	Application Incomplete Letter Sent - Based on my review of documentation received 10/20/2025
10/21/2025	Contact - Document Received - Updated program statement and refund policy.

10/28/2025	Contact - Document Received - Reference for LD
10/28/2025	Inspection Completed On-site
10/28/2025	Inspection Completed-BCAL Sub. Compliance
11/06/2025	Contact - Document Received - Verification of class C materials. Smoke alarm information.
11/07/2025	Inspection Completed On-site – follow up inspection due to corrected physical plant.
11/07/2025	Inspection Completed-BCAL Sub. Compliance
11/07/2025	Contact – Document Sent - Email to area manager regarding floor separation.
11/14/2025	Contact – Document Received – Email regarding floor separation and intumescent stripping.
11/14/2025	Contact – Document Sent – Email to applicant regarding intumescent stripping.
11/14/2025	Contact – Document Received – Email from applicant with picture and video of intumescent stripping installed.
11/14/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two story home in a culturally diverse Douglas neighborhood located just West of downtown Kalamazoo. The facility is walking distance to churches, parks, gas stations, party stores, local restaurants and Integrated Services of Kalamazoo’s Behavioral Health Urgent Care. The drive to downtown Kalamazoo is approximately five minutes where Bronson Methodist Hospital is located. The facility is an approximate 10 minute drive to 131 highway, an approximate 12 minute drive to I-94 highway and an approximate 15 minute drive to Portage, Michigan where there are an abundance and variety of grocery stores, restaurants, department stores and local entertainment. Due to facility’s location, it utilizes both public water and sewage systems.

The applicant is leasing the facility from Linda Dixon-Jones who is identified as the property owner. A copy of the lease, right to occupy and permission for the State of

Michigan to inspect have been received. The applicant also submitted a rental certificate of compliance from the City of Kalamazoo identifying the facility as a rental unit and documenting the property substantially complies with the provisions of the housing code of the City of Kalamazoo. Another building (address 613 Douglas) located behind the facility also belongs to the property owner; however, the applicant does not have access to this building. Both the facility and the building share the same driveway and small parking lot.

The facility has two means of egress, which are the front door and a side door near the back of the facility. The side door opens into the facility's kitchen, which consists of a gas stove, dishwasher, microwave, sink and refrigerator. Through the kitchen and to the left is a sitting room where both the stairs to the second level and basement are located. Through the kitchen and to the right of the facility is the dining room, a small hallway with two resident bedrooms and a bathroom. The bathroom, which consists of a sink, toilet, and stand up shower, is a dual entry bathroom shared by each of the resident bedrooms. It can only be utilized by the residents who share it. The bathroom has both a window and mechanical fan for ventilation. Just beyond the dining room is the facility's living room, a foyer, and the facility's front door. The facility does not have wheelchair ramps at two approved means of egress from the first floor; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The facility's second floor consists of two resident bedrooms and a bathroom. Each resident bedroom has a permanently fixed wall heater that is connected to the facility's electrical system. The second floor bathroom consists of a toilet, sink, a stand up shower and mechanical fan for ventilation.

The gas furnace and hot water heater, in addition to the electric washer and dryer, are located in the facility's basement. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The applicant installed intumescent fire stripping around the fire door and agreed to regularly check this application due to installing the fire door without a fire door frame. The furnace and electrical system were inspected on 08/14/2025 and 08/18/2025, respectively, and both were determined to be in good condition and functioning properly.

The facility is equipped with a wireless interconnected smoke detection system identified as "X-Sense", with battery backup, which was installed by a licensed electrician and is fully operational. The smoke alarms were inspected on 08/14/2025 and determined to be in the correct locations, interconnected and functioning properly. Smoke alarms are located on all levels of the facility, in each resident bedroom, outside each sleeping area, and in all common areas of the facility. Fire extinguishers are also located on each level 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	9'7"x13'6"	129 sq ft	1
2	10'8"x13'6"	144 sq ft	1
3	13'4"x10'4"	137 sq ft	2
4	8'2"x 12'7"	102 sq ft	1
Sitting room	10'3"x 9'11"	101 sq ft	N/A
Dining room	9'4"x 13'3"	123 sq ft	N/A
Living room	13'1"x13'3"	173 sq ft	N/A

The living, dining, and sitting room areas measure a total of 397 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 **five (5)** 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 for the developmentally disabled and mentally ill populations with 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.

The applicant intends to provide 24-hour supervision, protection, and personal care to five (5) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, aged, and/or physically handicapped, in the least restrictive environment possible. The applicant also intends to provide respite care to residents and documented in his program statement that residents requiring respite services would count towards the facility's licensed capacity. The applicant included a statement documenting that the provision of respite care could not impair the ability of the facility to meet the care needs of the residents or disrupt the residents who live in the facility. The applicant documented residents requiring respite services must complete all the required AFC documents at the time of admission and the licensee acknowledged an understanding of compliance with evacuation procedures when providing respite care.

The applicant's admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs,

coordination with psychiatric providers and community mental health services, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, personal behavior support plans will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from local community mental health agencies, local Department of Health and Human Services, programs or agencies working with the aged populations such as Senior Care Partners, and/or private pay individuals as referral sources. The applicant also intends to provide respite services and have documented this in his program statement.

The licensee will provide transportation for program 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 libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Stone Home Partners, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 05/29/2025. 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.

Prince Andrew and Mkama Martine are the sole members of Stone Home Partners, L.L.C.. They submitted documentation appointing Prince Andrew as the Licensee Designee and Mkama Martine as the Administrator of the facility.

Prince Andrew provided documentation satisfying the qualifications and training requirements identified in the administrative group home rules to be appointed as Licensee Designee. Prince Andrew was an active duty Air Force serviceman for approximately four years. During this time, he provided dental care to active duty military populations and pediatric patients, which provided him experience with individuals experiencing mental health crises and the developmentally disabled. Prince Andrew further developed his experience with the mentally ill, developmentally disabled and aged populations by starting as a volunteer transport driver at an established adult foster care facility in the local Kalamazoo community before transitioning to a direct care staff and manager role whereas his responsibilities included providing resident care, medication management, resident activities, and transportation, but also directing and supervising direct care staff, maintaining facility records, and ensuring compliance with state regulations and standards.

Mkama Martine is the Administrator of the facility and provided documentation to satisfy the qualifications and training requirements identified in the administrative group home

rules. He has over four years of experience as a direct care staff to local Kalamazoo adult foster care facilities providing direct care to aged, mentally ill and developmentally disabled residents. He also has several years of experience as an employment specialist for multiple different agencies. Both Mkama Martine and Prince Andrew are fluent in English and Swahili.

Licensing record clearance requests were completed for both Prince Andrew and Mkama Martine and neither had LEIN convictions recorded. They both submitted medical clearance requests with statements from their respective physicians documenting their good health and current negative TB test results.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff to 5 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 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 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 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 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 recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document 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 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 issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 5) and specialized certification for the developmentally disabled and mentally ill.

Cathy Cushman

11/14/2025

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

11/17/2025

Dawn N. Timm
Area Manager

Date