



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 3, 2025

Eujin Wolf and Ernest Wolf
7025 Oak Creek Dr
Middleville, MI 49333

RE: Application #: AF080419157
Eden Grove
7025 Oak Creek Dr
Middleville, MI 49333

Dear Eujin Wolf and Ernst Wolf:

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 #:	AF080419157
Licensee Name:	Eujin Wolf and Ernest Wolf
Licensee Address:	7025 Oak Creek Dr Middleville, MI 49333
Licensee Telephone #:	(989) 858-6743
Administrator/Licensee Designee:	N/A
Name of Facility:	Eden Grove
Facility Address:	7025 Oak Creek Dr Middleville, MI 49333
Facility Telephone #:	(989) 858-6741
Application Date:	01/21/2025
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

01/21/2025	On-Line Enrollment
01/23/2025	PSOR on Address Completed
01/23/2025	Contact - Document Sent forms sent
01/23/2025	Inspection Report Requested – Health Inv 1034858
02/20/2025	Contact - Document Sent- follow up email to LD per request of local health dept.
02/25/2025	Contact - Document Received
03/03/2025	Contact - Telephone call made called licensee regarding 1326 and health dept.
03/04/2025	Contact - Document Received
03/06/2025	File Transferred To Field Office
03/10/2025	Inspection Completed-Env. Health : A
03/11/2025	Application Incomplete Letter Sent
04/10/2025	Contact - Document Received-Licensee Documents
04/15/2025	Contact - Document Received-Licensee Documents
04/20/2025	Contact - Document Received-Licensee Documents
04/21/2025	Contact - Document Received-Inspections
05/13/2025	Inspection Completed On-site
05/19/2025	Confirming Letter Sent
09/25/2025	Inspection Completed On-site
09/29/2025	Confirming Letter Sent
10/30/2025	Inspection Completed On-site
10/31/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Eden Grove is a spacious, modern, walk-out ranch in the rural township of Thornapple 20 miles from Grand Rapids, MI. The property sits on just under 1.5 acres of land with a shared pond and a large patio deck off the dining room that overlooks the beautiful countryside. The main floor includes a living room, dining room, kitchen, two full resident bathrooms equipped with a shower, a laundry room, a resident bedroom and another bedroom that will be occupied by the licensees. The lower level of the home includes a living room, dining room, three resident bedrooms and one full resident bathroom equipped with a walk-in shower. The home does not have at least 1 approved means of egress that is equipped with a ramp from the first floor, therefore is not wheelchair accessible. The home utilizes a private water and sewage septic system that was inspected by the local health department and was determined to be in compliance with Environmental Health administrative rules.

The propane water heater and furnace are located in the basement, in a fully enclosed room, with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware to create floor separation. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup which was installed by a licensed electrician and is fully operational. Single station smoke detectors have been installed near sleeping areas, in the living room, and in the basement. Fire extinguishers are installed 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	14' 9" x 11' 3"	166 sq ft	1
2	16' 6" x 12' 2"	200 sq ft	2
3	10' 10" x 16' 5"	177 sq ft	2
4	10' 9" x 10' 9"	115 sq ft	1

The living, dining, and sitting room areas measure a total of 745 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 applicants intend to provide 24-hour supervision, protection and personal care to six (6) ambulatory female and male residents, whose diagnosis is aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, public

safety skills and transportation. The applicants intend to accept residents from 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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicants acknowledge 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 license. The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicants have indicated that for the original license of this six bed family home, there will always be at least one responsible person on-site for all residents. The applicant acknowledges that the number of responsible persons to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicants acknowledge an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home. The applicants acknowledge 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 applicants acknowledge their responsibility to obtain

documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicants acknowledge that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible persons or volunteers working directly with residents. The applicants acknowledge their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensees, responsible persons and volunteers.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures. 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 applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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 required to be maintained within each resident's file.

The applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply. The applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicants acknowledge 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 when a resident can be discharged before the issuance of a 30-Day written discharge notice.

D. Rules or Statutory Violations

The applicants were in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

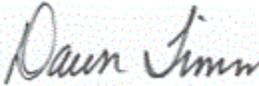
I recommend issuance of a six-month temporary license to this adult foster care family home with a maximum capacity of six residents.



Ondrea Johnson
Licensing Consultant

10/31/2025
Date

Approved By:



11/03/2025

Dawn N. Timm
Area Manager

Date