



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2026

Melissa Nesbitt
2309 James St
Kalamazoo, MI 49001

RE: Application #: AF390419520
Rich Care Of Michigan
2309 James St
Kalamazoo, MI 49001

Dear Melissa Nesbitt:

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 (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 #:	AF390419520
Licensee Name:	Melissa Nesbitt
Licensee Address:	2309 James St Kalamazoo, MI 49001
Licensee Telephone #:	(269) 929-8551
Administrator:	N/A
Licensee Designee:	N/A
Name of Facility:	Rich Care Of Michigan
Facility Address:	2309 James St Kalamazoo, MI 49001
Facility Telephone #:	(269) 929-8551
Application Date:	05/02/2025
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/02/2025	On-Line Enrollment
05/06/2025	PSOR on Address Completed
05/06/2025	Contact - Document Sent - forms sent
05/06/2025	Comment - SOS revealed address nonmatching
07/17/2025	Contact - Document Received
07/17/2025	File Transferred To Field Office
07/21/2025	Application Incomplete Letter Sent - Sent via email
11/26/2025	Contact - Document Sent - Sent applicant copy of new ruleset
11/30/2025	Contact - Document Received - Received the following via email: Medical clearance for applicant, TB on the medical clearance, Proof of ownership, House guidelines, Emergency Preparedness Plan and evacuation plan, Furnace and hot water heater inspection dated 10/30/2025, Electrical inspection dated 11/8/25 but it identified corrections being needed, Paystubs
12/02/2025	Application Incomplete Letter Sent - Sent updated app incomplete letter reflecting new rules and after review of documents received 11/30/2025
12/29/2025	Contact - Document Received - Received the following: right to occupy/permission to inspect, program statement, staffing ratio, admission policy, refund policy, visitation policy, evacuation layout, resume, training for licensee - resident rights first aid, cpr, diploma, personnel policies, standard and routine procedures, org chart, job descriptions, and electrical/smoke alarm inspection dated 12/09/2025
12/30/2025	Contact - Document Received - licensee training attestation form
01/02/2026	Application Incomplete Letter Sent - Sent to licensee based on my review of documentation
01/08/2026	Contact - Document Received - Updated program statement, discharge policy, evacuation route with details, updated personnel policies, updated resume, updated layout, training attestation form and training verification
01/09/2026	Application Incomplete Letter Sent - Based on my review of 01/08/2026 docs.

01/13/2026	Contact - Document Received - Updated personnel policies and floor plan and safety and fire prevention training.
01/16/2026	Contact - Document Sent - Reviewed licensee docs from 01/13 and determined application complete. Sent letter notifying licensee everything has been received and will conduct onsite inspection 01/26 as scheduled.
01/26/2026	Inspection Completed On-site
01/26/2026	Inspection Completed-BCAL Sub. Compliance
01/27/2026	Confirming Letter Sent - Confirming letter sent based on inspection onsite
02/26/2026	Application Complete/On-site Needed
02/27/2026	Inspection Completed On-site - Follow up inspection
02/27/2026	Inspection Completed-BCAL Sub. Compliance
02/27/2026	Inspection Completed-Env. Health : A
02/27/2026	Confirming Letter Sent - regarding follow up inspection
03/23/2026	Contact - Document Received - Breezeway solid wood verification
03/26/2026	Contact – Document Received - Picture verification of compliance from confirming letter.
03/26/2026	Inspection Completed-BCAL Full Compliance
03/30/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in Kalamazoo, Michigan, within the residential Millwood neighborhood consisting of single family homes. The location is approximately 5 minutes from I-94 highway, 10 minutes from 131 highway, and approximately 10 minutes from Portage, providing convenient access to major roadways and community resources. Shopping areas, pharmacies, and other essential services are located within approximately 5 to 10 minutes of the facility. Emergency medical services are accessible, with Bronson Methodist Hospital and Beacon Hospital located within approximately 8 to 12 minutes, and urgent care centers within approximately 5 to 10 minutes. Nearby community resources include Milham Park and the Celery Flats area, both located within approximately 5 to 12 minutes. The facility has a driveway available for parking.

Due to the facility's location, it utilizes both public water and sewage, which were both inspected by the Bureau of Community Health Systems on 02/27/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

A mortgage interest statement was submitted confirming Melissa Nesbitt as the legal owner of the facility. Ownership was also verified through the City of Kalamazoo property tax records. Melissa Nesbitt submitted a statement allowing Licensing and Regulatory Affairs to inspect the property.

The facility is configured in a duplex style layout, with the second floor serving as a separate living area. The primary means of egress is the facility's front entrance door. The secondary means of egress is the rear door located off the kitchen at the back of the facility. The facility does not have wheelchair ramps or exits at grade 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.

Upon entry into the facility, there is a foyer. To the left of the foyer, a door provides access to the main living space and living room. To the right of the foyer, a stairway leads to the second floor. Through the door on the left, the main living area opens into a combined living and dining area. From the dining room, a hallway provides access to two bedrooms and a bathroom located between the bedrooms. The bathroom has a sink, toilet, shower/tub combination and a window for ventilation. The licensee utilizes one bedroom while the other is utilized by the licensee's child, which may also be utilized as a resident bedroom, if needed. The kitchen is located toward the rear of the facility off the dining room. The kitchen consists of a stove, oven, sink, refrigerator/freezer, and microwave. A breezeway extends from the dining room and provides access to the attached garage.

The second floor is accessible by stairs from the main level and opens into a dining room and kitchenette area, which provide access to a living room. The kitchen consists

of a refrigerator/freezer, a compact oven and stove, and sink. A bathroom is located off the dining room that consists of a sink, toilet, shower/tub combination and mechanical fan for ventilation. From the living room, there is one resident bedroom and a door leading to a patio located above the breezeway. An additional resident bedroom is accessible from the dining room area.

The basement is accessed via a stairway located in the kitchen at the rear of the facility. The basement is not utilized for regular resident activities. The gas furnace and hot water heater, in addition to, the gas dryer and electric washer, are located in the facility's basement. The facility's clothes dryer is vented to the outside using permanent metal duct work. There is another bathroom in the basement consisting of a toilet, sink and standup shower; however, the licensee does not utilize this bathroom. 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 basement stairs to create floor separation.

The applicant submitted documentation verifying that all interior finish materials throughout the facility meet at least a Class C rating and comply with applicable interior finish requirements.

The furnace and electrical system were inspected on 10/30/2025 and 12/09/2025, respectively, by a licensed service provider and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

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 11 smoke alarms were inspected on 12/09/2025 and determined to be in the correct locations, interconnected, and functioning properly.

The facility's backyard is surrounded by a privacy fence; however, the applicant acknowledged an understanding the gates must not be locking against egress.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'11" x 11'9"	116 sq ft	1 (licensee bedroom)
2	11'9"x 9'10"	115 sq ft	1
3	11'4"x 11'3"	127 sq ft	1
4	9'5"x 9'11"	93 sq ft	1

The living, dining, and sitting room areas measure a total of 627 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 (3)** 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors 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, mentally impaired, or physically handicapped in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with activities of daily living, medication administration, supervision, meal preparation, and coordination of medical and community services. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, 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, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from responsible agencies, Community Mental Health providers, hospitals, discharge planners, and private pay individuals such as guardians and family members, as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement, but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant 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 has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant has income from outside employment, but also submitted an operational budget to demonstrate the provision of care and services for an Adult Foster Care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Melissa Nesbitt. The applicant submitted a medical clearance with a statement from a physician documenting her good health, dated 10/15/2025.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Melissa Nesbitt holds a Bachelor of Social Science with a concentration in Psychology from Michigan State University. She has approximately 1.5 years of direct experience providing care to adults with mental illness, developmental disabilities, and physical impairments through her role as a direct support professional in a local licensed adult foster care facility. In this role, she provided supervision, personal care, and assistance with activities of daily living, supported mobility and transfers, assisted with medication administration, and implemented person centered plans while monitoring residents' behavior, health and safety. She also received training related to Adult Foster Care requirements, including resident rights, emergency procedures, safety and fire prevention, and incident reporting.

In Melissa Nesbitt's current role as a Pathway Coach Manager for the Kalamazoo Promise, she develops individualized plans, provides oversight and coaching, and coordinates services, demonstrating skills in supervision, organization, and service coordination. Additionally, she has provided direct care, supervision, and personal care to a close relative who has disabilities.

Melissa Nesbitt provided documentation of training in cardiopulmonary resuscitation (CPR), first aid, nutrition, knowledge of the needs of the population to be served, medications, safety and fire safety, prevention and containment of communicable diseases, and resident rights.

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 not 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 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

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 family home with a capacity of three residents.

Cathy Cushman

03/30/2026

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

03/31/2026

Dawn N. Timm
Area Manager

Date