GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 24, 2026

Eliud Maina
APT E
5616 Blue Meadow Circle
KALAMAZOO, MI 49004

RE: Application #: AF390419859
Kane Homestead
122 N Robinson St
Schoolcraft, MI 49087

Dear Eliud Maina:

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,

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF390419859
Licensee Name:	Eliud Maina
Licensee Address:	APT E 5616 Blue Meadow Circle KALAMAZOO, MI 49004
Licensee Telephone #:	(774) 203-9430
Licensee:	Eliud Maina
Administrator:	N/A
Name of Facility:	Kane Homestead
Facility Address:	122 N Robinson St Schoolcraft, MI 49087
Facility Telephone #:	(269) 679-4856
Application Date:	08/26/2025
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/26/2025	On-Line Enrollment
08/27/2025	PSOR on Address Completed
08/27/2025	Contact - Document Sent forms sent
09/10/2025	Contact - Document Received
09/10/2025	Lic. Unit file referred for background check review FP hit on E. Maina
09/11/2025	File Transferred To Field Office
09/12/2025	Application Incomplete Letter Sent
09/25/2025	Contact-Documentation Received-Medical, Emergency Plan.
10/10/2025	Application Incomplete Letter Sent.
12/04/2025	Contact-Documentation Received-Policies, Admission and Discharge Policy, Program Statement, Training Policy, Mandatory Reporting Policy, Confidentiality Policy, Prohibited Practice Policy.
12/17/2026	Inspection Completed On-site
03/24/2026	Contact-Email-Request for Inspection.
04/20/2026	Inspection Completed On-site
04/22/2026	Contact-Documentation Received-Furnace Inspection.
04/22/2026	Contact-Documentation Received-Floor Plan.
04/22/2026	Inspection Completed On-site BCAL Full Inspection.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two-story, vinyl-sided home located in a suburban neighborhood in the city of Schoolcraft. This facility is fifteen miles from Bronson Methodist Hospital. There are multiple restaurants and convenience stores, as well as several churches and

parks located within one mile of the home. Staff and visitor parking is located near the front entry of the home with a driveway and curbside parking on the street.

The living room, dining room, one full bathroom, three private resident bedrooms, one with an attached semi-private bathroom, kitchen, and dining room are located on the main level. One means of egress is located in the dining room while another means of egress is in the kitchen. The second story of this facility is accessible from a stairway in the living room and has two private resident bedrooms, one semi-private resident bedroom and one full bathroom. This facility is not wheelchair accessible. This facility has public water and sewer systems.

The furnace was inspected on 10/16/2025 and is fully operational and located in the basement of this facility. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located in the dining room at the of the stairs to create floor separation. 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. Smoke detectors are located in all sleeping areas, kitchen, living areas along with all areas that contain flame or heat producing equipment. Fire extinguishers are located on each level of the facility including the basement.

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’X15’10”	142	1
2	15’4”X7’5”	113	1
3	11’9”X 11’2”	131	1
4	8’1”X11’2”	90	1
5	8’6”X15’3”	129	1

The living, dining, and sitting room areas measure a total of 180 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 of 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. 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 five

(5) male or female ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, aged, mentally ill, and traumatically brain injured, in the least restrictive environment possible.

The program will include the following goals and services to residents:

- Independence: To assist residents in achieving the highest level of self-care and independence possible through daily living skills training (hygiene, grooming, dressing).

- Community Integration: To facilitate active participation in the community, reducing isolation and fostering social connections.

- Health & Safety: To provide a safe, sanitary, and comfortable living environment, including medication administration and monitoring of health needs.

- Person-Centered Care: To treat every resident with dignity and respect, honoring their individual choices, cultural background and spiritual beliefs.

A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to enter into contracts with various Community Mental Health agencies throughout the State of Michigan.

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 provide transportation for programming 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 public schools and libraries, local museums, shopping centers, local parks and recreational areas, community mental health day programs and workshops, and local churches and places of worship.

C. Applicant and Administrator Qualifications

The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant has cash in savings and income from savings and outside employment. The applicant acknowledges the department may request an operational budget, invoices, purchase orders, receipts and other nonproprietary financial documents maintained in the normal course of business 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 Eliud Maina. Eliud Maina also submitted a medical clearance with a statement from a physician documenting Eliud Maina's good health, and verification Eliud Maina has a baseline screening for communicable diseases and records of illness.

Eliud Maina has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Eliud Maina has provided proof of required training in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People. Eliud Maina has over thirteen years of experience providing direct care to the populations that will be served in this home.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff for five residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 indicated that direct care staff will not 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 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 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 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 will administer medication to residents. In addition, the applicant indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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. 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 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 resident 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 is 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 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 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 six-month temporary license to this adult foster care small group home with a capacity of five (5) residents.

04/24/2026

Eli DeLeon Date
Licensing Consultant

Approved By:

04/24/2026

Dawn N. Timm Date
Area Manager