



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 11, 2026

Debra and Todd Cross
3659 Senora Ave SE
GRAND RAPIDS, MI 49508

RE: Application #: AS410419900
1732 Homes
1732 Union SE
Grand Rapids, MI 49507

Dear Debra and Todd Cross:

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 4 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410419900
Licensee Name:	Debra and Todd Cross
Licensee Address:	3659 Senora Ave SE GRAND RAPIDS, MI 49508
Licensee Telephone #:	(616) 450-2251
Licensee Designee:	Todd Cross
Administrator:	Debra Cross
Name of Facility:	1732 Homes
Facility Address:	1732 Union SE Grand Rapids, MI 49507
Facility Telephone #:	(616) 456-3000
Application Date:	09/07/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/07/2025	On-Line Enrollment
09/08/2025	PSOR on Address Completed
09/08/2025	Contact - Document Sent forms sent
10/10/2025	Contact - Document Received
10/10/2025	File Transferred To Field Office
10/20/2025	Application Incomplete Letter Sent
11/13/2025	Application Incomplete Letter Sent
02/19/2026	Application Incomplete Letter Sent
03/30/2026	Application Incomplete Letter Sent
05/01/2026	Application Complete On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1732 Homes adult foster care home is located in a suburban residential neighborhood in Grand Rapids, MI. It is located near Griggs St SE between Eastern Avenue SE and College Ave SE. It is approximately two miles from downtown Grand Rapids. The home utilizes public water and sewer. There is on-street parking in front of the house.

The home is owned by Jordan Cross as confirmed by property taxes. There is a lease to Debra and Todd Cross and a copy of the lease was received. Permission was granted from Jordan Cross for the home to operate as an Adult Foster Care home and for Licensing and Regulatory Affairs to inspect the property.

1732 Homes is a two-story home. There is a primary means of egress through the front door of the home and a secondary means of egress through a door into the backyard and a door at the side of the home. The backyard is fenced; however the fence will remain unlocked in order to not restrict resident movement. The home does not have exits at grade or ramps located at two approved means of egress on the main floor at the time of licensure. The home is currently not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

Upon entering the home through the front door, there is a foyer that leads to the living room, kitchen, and stairs to the second floor. There is a dining room and staff office area on the main floor as well. There is 1-3/4 inch solid core wooden door equivalent in a

fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware off the kitchen to provide floor separation as the home's heating plant is located in the basement. Behind the fire door, on the main floor, is a half bathroom for staff use, as well as the side door to the home.

The basement will only be utilized by staff. It houses the home's heating plant which includes a gas water heater and furnace. The furnace and water heater were inspected by a licensed professional and both were determined to be in good condition and to function properly. The washer and dryer are located in the basement as well as an open storage area.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup. The system was inspected and was determined to be fully operational and in good condition. Smoke detectors are in all required areas. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement. There is a fireplace on the main floor that has been enclosed and the licensees indicate it will not be used.

The second floor of the home includes a communal, full bathroom, two private resident bedrooms, and one semi-private resident bedroom. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'4 x 9'5- 2'11 x 2'6	119	1
2	12'8 x 10'7 + 3'11 x 2'6	144	2
3	7'9 x 10'5 – 2'10 x 1'+ 2'10 x 3'4	87	1

The living, dining, and sitting room areas measure a total of 342 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 **four** 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 four male and female, ambulatory, adult whose diagnosis is developmentally disabled,

mentally impaired, aged, and Alzheimer's disease in the least restrictive environment possible.

The home's program is designed to enhance the quality of life and independence for residents. This program will include personalized care including assistance with activities of daily living, personal adjustment, independent living skills, social activities in the home and in the community. The applicant intends to accept residents for placement from local Department of Health and Human Services, programs and agencies working with vulnerable/aged adults, local community mental health, and private pay individuals as referral sources.

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 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 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 licensee designee and administrator. Ms. Cross and Mr. Cross submitted a medical clearance with a statement from a physician documenting their good health and verification of baseline screening against communicable diseases.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Cross has experience as a direct care worker and Ms. Cross has experience educating youth with cognitive and/or emotional needs.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff -to- 4 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 acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 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 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 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, 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.

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 of four.

Cassandra Duursma

05/08/2026

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Jerry Hendrick

05/11/2026

Jerry Hendrick
Area Manager

Date