

RICK SNYDER

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR

September 20, 2017

Raekesha Mcmillian 1232 Kalamazoo Ave SE Grand Rapids, MI 49507

RE: License #: AS410388538

Community Safe Keeping Home

820 Watkins SE

Grand Rapids, MI 49507

Dear Ms. Mcmillian:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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,

Megan Aukerman, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

Megan aukerman, MSW

(616) 438-3036

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410388538

Licensee Name: Raekesha Mcmillian

Licensee Address: 1232 Kalamazoo Ave SE

Grand Rapids, MI 49507

Licensee Telephone #: (616) 719-3103

Administrator/Licensee Designee: Raekesha Mcmillian

Name of Facility: Community Safe Keeping Home

Facility Address: 820 Watkins SE

Grand Rapids, MI 49507

Facility Telephone #: (616) 427-4570

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. Purpose of Addendum

The licensee, Raekesha Mcmillian would like to change the program type to include both male and female residents into the facility with a developmental disability and/or mental illness.

III. Methodology

8/9/2017 Original Inspection

9/14/2017 Contact-Telephone contact

Raekesha Mcmillian

9/15/2017 Review paperwork

IV. Description of Findings and Conclusions

Licensee, Raekesha Mcmillian applied for an adult foster care small group home license on 5/18/2017, for female residents diagnosed with a developmental disability. The license was issued on 8/14/2017. Ms. Mcmillian also applied for a special certification for residents with a developmental disability and mental illness, however her original application did not include mental illness, therefore the special certification was only issued to service individuals with a developmental disability.

Ms. Mcmillian requested to change her program type to also service men and those who have been diagnosed with a mental illness. Ms. Mcmillian's work history was reviewed. Ms. McMillian has an associate's degree in Youth Services. She was a Certified Nurse's Aid for over three years. Ms. Mcmillian has four years experience working in adult foster care homes. She also has worked at Pine Rest, working with youth diagnosed with mental illness. Ms. Mcmillian was a licensed day care provided for over ten years, providing child care to children who have been diagnosed with developmental disabilities and mental illness. Ms. Mcmillian meets the required experience necessary to care for male or female residents diagnosed with a developmental disability or mental illness.

V. Recommendation

I recommend the facility's program type be changed to include both male and females who have been diagnosed with a developmental disability and/or mental illness.

Wegan Aukerman, MISW 9/20/2017

Megan Aukerman Date Licensing Consultant

Reviewed and approved by:

Jong Handley

9/20/2017

Jerry Hendrick Area Manager

Date