



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 29, 2022

Sandra Williams-Sulaiman  
Golden AFC Homes LLC  
1912 Cambridge Dr.  
Kalamazoo, MI 49001

RE: Application #: AS390411503  
**Golden AFC Homes, Denway**  
**1107 Denway**  
**Kalamazoo, MI 49008**

Dear Mrs. Williams-Sulaiman:

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 adult foster care license and special certification for the developmentally disabled and mentally ill populations, a maximum capacity of 4 are 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) 284-9730.

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**

<b>License #:</b>	AS390411503
<b>Licensee Name:</b>	Golden AFC Homes LLC
<b>Licensee Address:</b>	1912 Cambridge Dr. Kalamazoo, MI 49001
<b>Licensee Telephone #:</b>	(269) 267-6599
<b>Administrator</b>	Sandra Williams-Sulaiman
<b>Licensee Designee:</b>	Sandra Williams-Sulaiman
<b>Name of Facility:</b>	Golden AFC Homes, Denway
<b>Facility Address:</b>	1107 Denway Kalamazoo, MI 49008
<b>Facility Telephone #:</b>	(269) 365-0002
<b>Application Date:</b>	01/22/2022
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED AGED

## II. METHODOLOGY

01/22/2022	On-Line Enrollment
01/26/2022	Contact - Document Received Revised application, IRS ltr & Medical clearance for LD
02/23/2022	Contact - Document Received 1326/RI 030 for Sandra
02/23/2022	File Transferred To Field Office Lansing via SharePoint
03/01/2022	Application Incomplete Letter Sent Sent app field incomplete ltr via email to LD, S. Williams.
03/03/2022	Contact - Document Received Received required facility documents
03/10/2022	Inspection Completed On-site
03/11/2022	Inspection Completed-BCAL Sub. Compliance
03/18/2022	Contact - Document Received Received pictures of individual resident hand towels, picture of back door ramp, furnace and electrical/smoke detector inspection, and updated layout with measurements.
03/18/2022	Confirming Letter Sent Indicated additional information needed to make facility wheelchair accessible.
03/19/2022	Contact – Document Received Received training verification.
03/19/2022	SC – Application Received – Original
03/22/2022	Contact – Document Received Received training verification from local CMH for licensee designee.
03/24/2022	Contact – Document Received Received TBI endorsement for licensee designee from local CMH
03/25/2022	Contact – Document Received Email from ISK, CMH indicating LD hadn't taken any training for aged population through their agency; however, many of the residents placed with LD have been over the age of 55

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch style home with a large basement. It is in a residential neighborhood within the city of Kalamazoo and within minutes of neighboring city, Portage. It is also within minutes of numerous restaurants, shopping centers, grocery stores, the mall and within walking distance of public transportation. The facility is not wheelchair accessible. It also utilizes public water and sewer since it's within city limits.

The facility is set back off the main road and surrounded by many mature trees. The primary entrance to the facility is on the north side. The entryway opens to the facility's living room, dining area and kitchen as the main floor of the facility has an open floor plan. Additional exits out of the facility are through the garage, which is attached on the east side of the facility, and through the sliding glass doors, off the dining room, on the south side of the facility. Past the kitchen is a hallway where the three resident bedrooms are located and a full bathroom. The main level of the home does not have any non-resident bedrooms. The finished basement is accessed by stairs located within the entryway. The basement area does have an additional full bathroom, a large bedroom, a large storage room, and living space; however, residents will neither reside nor utilize the basement area unless to access the laundry area.

Both the gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility also has a functioning gas fireplace in the living room. Documentation was received by the licensee showing the fireplace was inspected and in working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.6 ft x 9.1 ft	96.4 sq ft	1
2	(10 ft x 10.5 ft) + (2.4 ft x 7 ft)	121.8 sq ft	1
3	14.4 ft x 12.9 ft	185.7 sq ft	2

The living, dining, and sitting room areas measure a total of 347.7 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 (4) 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, 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 four (4) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, aged, and traumatically brain injured (TBI) in the least restrictive environment possible. The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of the mentally ill and developmentally disabled populations, as set forth in their *Assessment Plans for AFC Residents* and individual plans of service. Residents' individual plans of service will include goals related to working towards moving from the facility and into a less restrictive environment.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from local Community Mental Health agencies, local Department of Health and Human Services and/or private pay individuals as referral sources.

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.

Transportation for program and medical needs can be negotiated in resident care agreements. The facility will make provision 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, grocery stores, and local parks. The facility will also make provision to attend free local events in Kalamazoo throughout the year.

## **C. Applicant and Administrator Qualifications**

The applicant is Golden AFC Homes LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 09/11/2018. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Golden AFC Homes LLC consist of one member, Sandra Williams-Sulaiman. A criminal history check was conducted and determined that applicant is of good moral character and eligible for employment in a licensed adult foster care facility. The licensee designee and administrator, Sandra Williams-Sulaiman, submitted a

statement from a physician documenting her good health and current TB negative results.

The licensee designee and administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Williams-Sulaiman has over 10 years of experience working in adult foster care facilities providing direct care work to residents whose diagnosis is developmentally disabled and mentally ill. She also has experience as a licensee designee and administrator since 2015 from owning and operating another licensed small group AFC facility that also provided care to residents whose diagnosis is developmentally disabled and mentally impaired. Documentation was submitted by Ms. Williams-Sulaiman indicating she has at least one year of experience working with residents over 55 years of age and residents who have a traumatic brain injury.

The staffing pattern for the original license of this four bed facility is adequate and includes a minimum of 1 direct care staff to 4 residents per shift. The applicant acknowledged 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 direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” direct care staff or other staff that are on duty and working at another facility to be considered part of this facility’s direct care staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 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 each of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged 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 acknowledged 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 acknowledged 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 the issuance of a six-month temporary small group home adult foster care license, and special certification for the developmentally disabled and mentally ill populations, with a licensed capacity of four (4).

*Cathy Cushman*

03/25/2022

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Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

03/29/2022

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Dawn N. Timm  
Area Manager

Date