



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 22, 2023

Chester Kwiatkowski
Grace Valley, LLC
P.O. Box 428
South Haven, MI 49090

RE: Application #: AS390413526
Grace Valley
3530 Douglas Ave
Kalamazoo, MI 49004

Dear Mr. Kwiatkowski:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390413526
Licensee Name:	Grace Valley, LLC
Licensee Address:	350 Davis St Allegan, MI 49010
Licensee Telephone #:	(269) 998-9349
Administrator:	Chester Kwiatkowski
Licensee Designee:	Chester Kwiatkowski
Name of Facility:	Grace Valley
Facility Address:	3530 Douglas Ave Kalamazoo, MI 49004
Facility Telephone #:	(269) 254-8944
Application Date:	07/25/2022
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

07/25/2022	On-Line Enrollment
08/15/2022	Contact - Document Sent Emailed App Inc Ltr, 1326, RI-030, and AFC-100
08/15/2022	PSOR on Address Completed
08/24/2022	Comment Licensee confirmed receipt of documents.
09/09/2022	Contact - Document Received 1326, BCAL-3704, AFC 100
09/15/2022	Comment Request made to add fingerprints
09/16/2022	File Transferred To Field Office
09/16/2022	Application Incomplete Letter Sent
11/16/2022	Contact - Document Received-Facility Documents
11/28/2022	Contact - Document Received-Facility/Licensee Designee Documents
12/14/2022	Contact - Document Received-Administrator Documents
12/19/2022	Application Complete/On-site Needed
12/19/2022	Inspection Completed On-site
01/23/2023	Confirming Letter Sent
01/24/2023	Inspection Report Requested-Health
02/06/2023	Inspection Completed-Envir. Health: A
03/08/2023	Contact-Document Received-Administrator change
03/08/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Grace Valley is a ranch style home with a lower-level walkout that can be used for resident activities located in a suburban area just north of the city of Kalamazoo, MI. The home is near downtown restaurants, parks, museums, and Bronson Hospital. Residents will only occupy the 1st floor of the home which consists of six private

resident bedrooms with ½ bathrooms attached, 1 full resident bathroom, kitchen, living room, and dining room. The laundry facilities are in the basement of the home. There are two wheelchair ramps exiting from the 1st floor therefore the home is wheelchair accessible, and the home can accommodate wheelchairs throughout the home. The home utilizes public water supply and private sewer system. On 2/6/2023 an environmental health inspection was conducted, and the facility's private sewer system was determined to be in substantial compliance with the applicable environmental health licensing rules.

The gas boiler and water heater are located in the basement of the home enclosed by a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware located at the top of the stairs. On 9/13/2022, the furnace was inspected and found to be in good working condition.

The facility is fully equipped with an interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician on 7/27/2022 and found to be fully operational. Smoke detectors are located in all resident sleeping areas, the basement and areas with heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'6" X 12'6"	122 sq ft	1
2	12' X 12'6"	120 sq ft	1
3	12'4" X 12'6"	124 sq ft	1
4	11'4" X 13'	117 sq ft	1
5	12'1" X 12'8"	123 sq ft	1
6	12' X 12'8"	122 sq ft	1

The living, dining, and sitting room areas measure a total of 465 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This address is the used as the licensee's business address as well not as a personal address.

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 six (6) male or female elderly adults whose diagnosis is aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, and personal adjustment skills as needed. 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 with private pay sources for payment.

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.

In addition to the above program elements, it is the intent of the applicant to make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources for recreational activities including local churches, local grocery stores, local restaurants, and local parks. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant/Administrator Qualifications

Grace Valley LLC is a "Domestic Limited Liability Company" established in Michigan, on 7/18/2013. 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 Grace Valley, L.L.C. have submitted documentation appointing Chester Kwiatkowski as licensee designee and administrator of the facility.

A criminal history check was conducted and determined that the Mr. Kwiatkowski is of good moral character and eligible for employment in a licensed adult foster care facility. Mr. Kwiatkowski submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

Mr. Kwiatkowski provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Kwiatkowski has worked in AFC homes that provided care to residents diagnosed with Alzheimer's, physically handicapped, and aged populations for many years and is also currently the licensee designee and administrator for other adult foster care facilities in surrounding areas.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of one staff to six 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 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 acknowledges 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 designee 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 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 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 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 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 six-month temporary license to this adult foster care small group home with a capacity of six (6) residents.



Ondrea Johnson
Licensing Consultant

3/13/2023

Date

Approved By:



03/22/2023

Dawn N. Timm
Area Manager

Date