



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 6, 2023

Sandra Williams-Sulaiman  
324 Landsdowne Ave  
Portage, MI 49002

RE: Application #: AF390413555  
**Golden AFC Homes, Landsdowne**  
**324 Landsdowne Ave**  
**Portage, MI 49002**

Dear Ms. 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, with a maximum capacity of six (6), 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>	AF390413555
<b>Applicant Name:</b>	Sandra Williams-Sulaiman
<b>Applicant Address:</b>	324 Landsdowne Ave Portage, MI 49002
<b>Applicant Telephone #:</b>	(269) 254-8004
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Golden AFC Homes, Landsdowne
<b>Facility Address:</b>	324 Landsdowne Ave Portage, MI 49002
<b>Facility Telephone #:</b>	(269) 532-1035
<b>Application Date:</b>	07/27/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

07/27/2022	Enrollment
07/27/2022	Contact - Document Sent Emailed incomplete App, 1326A-FP and RI-030
07/28/2022	Contact - Telephone call received Confirmed documentation needed.
09/27/2022	Comment requested to have prints added
10/04/2022	Application Incomplete Letter Sent field application letter sent to LD
10/12/2022	Contact - Document Received Received deed, layout (w/o measurements), admission/discharge/program statement, budget.
10/14/2022	Contact - Document Received Received the home's inspection report
10/19/2022	Application Incomplete Letter Sent Field application incomplete ltr sent to licensee for a family home license.
10/25/2022	Contact - Document Received Received email from licensee containing the following: BCHS 100 forms for licensee and her husband, layout with measurements, policies, CPR for licensee, medical and TB verification for licensee, and medical and TB verification for Abdulsamed Sulaiman.
11/16/2022	Inspection Completed On-site
11/16/2022	Inspection Completed-BCAL Sub. Compliance
11/30/2022	Contact - Document Received Corrective action plan relating to confirming letter.
11/30/2022	Corrective Action Plan Received
12/02/2022	Contact - Document Received Variance request for floor separation. Pictures included of the stairwells and enclosed furnace rooms.
12/08/2022	Contact - Document Sent

Email to licensee stating I still needed an electrical inspection, furnace inspection, verification smoke alarms are interconnected and hard wired.

12/27/2022 Contact - Document Sent  
Sent variance denial to secretary, A. Harris, to print and mail. Also sending to licensee via email

01/17/2023 Contact – Document Received  
Corrective action plan.

01/20/2023 Contact - Document Received  
Received furnace inspection

01/26/2023 Contact - Document Received  
Received confirmation of electrical and smoke inspection.

01/27/2023 Inspection Completed On-site

01/27/2023 Inspection Completed-BCAL Sub. Compliance

01/27/2023 Confirming Letter Sent  
From last onsite inspection.

01/31/2023 Contact – Document Received  
Verification of paneling being Class C in licensee living room

01/31/2023 SC-Application Received – Original

01/31/2023 Inspection Completed – BCAL Full Compliance  
Recommend license issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This family home is in a neighborhood within walking distance to local stores and restaurants in Portage, Michigan. It is within a few minutes of the I-94 Highway and approximately 10 minutes to downtown Kalamazoo. Due to the home's location, parking for staffing and visitors is limited to the home's two driveways or alongside the road.

The home has a duplex layout, but the main levels are connected. The left side of the home will be where the residents reside while the right side of the home is the licensee's personal area. There is a door between the left and right side of the facility on

the main level which the licensee has indicated will remain open to continue providing supervision to residents.

On the main level of the right side of the home is a large family room, a dining room, kitchen, a bedroom, and a bathroom, which has a sink, toilet, and shower/tub. A two-car garage is also located on main floor of the right side. There are a set of enclosed stairs leading to the home's right side lower level. The right side's lower level contains another family room, a bedroom, a bathroom, which has a sink, toilet, and shower/tub combination, and a room that has a furnace, water heater, and laundry facilities. Both the family room and bedroom contain sliding doors accessing the outside making the space a walkout to the backyard. Additionally, there is a door in the furnace room that leads directly to the backyard.

On the main level of the left side of the home is a living/dining room, a kitchen, three resident bedrooms and a bathroom, which has a sink, toilet, and shower/tub combination. Bedroom three on the main level has a sliding door to a small patio. A two-car garage is also located on the right side main level. There are a set of enclosed stairs leading to the left side lower level. The left side's lower level contains two resident bedrooms, a bathroom, which has a sink, toilet, and shower/tub combination, and a room that has a furnace, water heater, and laundry facilities. Both resident bedrooms contain sliding doors accessing the home's backyard making the space a walkout. The licensee indicated one of these resident bedrooms could be utilized for storage or staff depending on the number of residents in the facility and the bedrooms they were residing in. Additionally, there is a door in the furnace room leading directly to the backyard.

A ramp is located on the home's left side main front door making the home wheelchair accessible. Additionally, due to the location of the home it utilizes both a public water supply and sewage disposal system.

The home has ceiling tiles and paneling; however, the licensee was able to provide documentation confirming the ceiling tiles and paneling were at least a Class C fire rating.

The home has two separate furnaces, hot water heaters, and laundry facilities in enclosed rooms on both the left and right lower sides of the home. To create floor separation, both the left and right sided staircases are enclosed and equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware at the top of each staircase.

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. The smoke detectors are installed near all sleeping areas, on each occupied floor of the home, and in the furnace rooms. Additionally, the licensee has installed battery operated smoke detectors in each bedroom on both sides of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8' x 9'4"	74 sq ft	1
2	12' x 13'11"	167 sq ft	1 or 2
3	7'1" x 10'3"	72 sq ft	1
4	13' x 15'3"	198 sq ft	1 or 2
5	11'11" x 13'1"	155 sq ft	1 or 2

The indoor living and dining areas measure a total of 261 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to 6 male or female residents who are aged, physically handicapped, mentally ill, developmentally disabled, or traumatically brain-injured. 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 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. The applicant intends to enter into contracts with various Community Mental Health agencies throughout the State of Michigan, but may also accept residents from local Department of Health and Human Services referrals, or residents with private sources of payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, or the responsible agency.

The applicant will provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance residents' quality of life and to increase residents' independence. The facility will make provisions for a variety of leisure and recreational equipment and provide transportation for all residents' programming and medical needs.

### **C. Applicant and Responsible Person Qualifications**

Criminal history background checks of the applicant, Sandra Williams-Sulaiman, and responsible person, Shuaib Sulaiman, were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant, Sandra Williams-Sulaiman, has over 10 years of experience working in adult foster care facilities providing direct care work to residents whose diagnoses have been developmentally disabled and mentally ill. She also has experience in operating small group adult foster care facilities that serve the mentally ill and developmentally disabled populations as the licensee designee and administrator since 2015. 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 applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents, along with outside employment.

The applicant acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 6 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 the 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents 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 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 residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

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 family home, and special certification for the developmentally disabled and mentally ill populations, with a licensed capacity of six (6).

*Cathy Cushman*

02/06/2023

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Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

02/06/2023

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Dawn N. Timm  
Area Manager

Date