



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 24, 2023

Michelle Jannenga  
Thresholds  
Suite 130  
160 68th St. SW  
Grand Rapids, MI 49548

RE: Application #: AS410415722  
Kendall West  
1712 Kendall St. SE  
Grand Rapids, MI 49508

Dear Ms. Jannenga:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410415722
<b>Applicant Name:</b>	Thresholds
<b>Applicant Address:</b>	Suite 130 160 68th St. SW Grand Rapids, MI 49548
<b>Applicant Telephone #:</b>	(616) 466-5242
<b>Administrator/Licensee Designee:</b>	Michelle Jannenga, Designee
<b>Name of Facility:</b>	Kendall West
<b>Facility Address:</b>	1712 Kendall St. SE Grand Rapids, MI 49508
<b>Facility Telephone #:</b>	(616) 455-0960
<b>Application Date:</b>	02/22/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

02/22/2023 Enrollment

02/22/2023 PSOR on Address Completed

02/22/2023 Application Incomplete Letter Sent  
1326/RI 030/Fingerprint for LD & AFC 100 for Administrator

03/30/2023 Contact - Document Sent  
App Inc Ltr w/1326a and RI-030

04/03/2023 Contact - Document Received  
1326a and RI-030

04/03/2023 Comment  
sent request to have fingerprints located and uploaded

04/11/2023 Comment  
responded to email regarding status-still waiting for current RI-0303

04/12/2023 Contact - Document Received  
Michigan Workforce Background Check Document

04/17/2023 Contact - Document Received  
MI Workforce Background Check again  
MI Workforce Background Check again

04/17/2023 Contact - Document Sent  
4/11 and today responded to email w/1326a and RI-030 indicating the need for current fingerprints. The system doesn't show that prints were done this year as stated by licensee.

04/17/2023 Contact - Telephone call received  
Spoke w/licensee about documents sent to me and what I need.

04/18/2023 Contact - Telephone call received  
Licensee called w/Sharon from MSP who indicated that the fingerprint date is correct in the system. I have requested to have them uploaded.

04/18/2023 Comment  
Request sent to the licensee to send receipt for the fingerprints which are entered as HFA.

05/03/2023 Contact - Telephone call received

CEO called to inquire about status of fingerprints. I advised her that they're not in the system and if they can provide the RI-030 and a receipt we can try and locate them

05/04/2023 Contact - Document Received  
New RI-030

05/04/2023 Comment  
Request sent to locate and upload fingerprints

05/04/2023 PSOR on Address Completed

05/04/2023 File Transferred To Field Office

05/22/2023 Application Complete/On-site Needed

05/23/2023 Inspection Completed-Env. Health : A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This ranch style house is located at 1712 Kendall St SE Grand Rapids, Michigan, 49508, in the county of Kent. The facility is owned by Thresholds LLC. The facility sits in a suburban area and there is an attached garage that is primarily used for storage. The home has vinyl and brick siding. The home has adequate parking for approximately four vehicles. The facility has six resident bedrooms, one full bathroom, one half bathroom, kitchen, dining area, and two living rooms. There are handrails where required. This facility utilizes public sewer and water systems.

The washer and dryer are located in a separate main floor room of the facility. The furnace and hot water heater are located in an enclosed lower level utility room, and it is equipped with a 1-3/4 inch solid core door outfitted with an automatic self-closing device and positive latching hardware. 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 system was tested upon the final inspection on 05/18/2023 and worked properly. There is at least one operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10 x 15	150	2

2	10 x 15	150	2
3	10 x 13	130	2
4	10.10 x 13	141	2
5	12 x 9	108	1
6	10 x 13	130	2

**Total Capacity: 6**

The living and dining room areas measure a total of 666 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good. The landscaping and property are maintained in appropriate condition.

## **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** male and/or female adults aged 18 years and older, who may be diagnosed as developmentally disabled in the least restrictive environment possible. The facility is wheelchair accessible. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Kendall West will provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services.

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

Michelle Jannenga is the Licensee Designee for this home. Medical and Record Clearance requests for Ms. Jannenga were completed with no restrictions noted on

either. Her TB-test results were negative.

Ms. Jannenga has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this five-bed facility is 1-staff-to-6 residents at all times.

The applicant acknowledges an understanding of the training and qualification 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)), Identogo, 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 Ms. Jannenga, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 temporary license to this AFC adult small group home (capacity 6).



05/24/2023

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Toya Zylstra  
Licensing Consultant

Date

Approved By:



05/24/2023

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Jerry Hendrick  
Area Manager

Date