



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 19, 2023

Tesia Jones  
1022 Avondale Dr  
Kalamazoo, MI 49048

RE: Application #: AS390415231  
**Warming Hearts Adult Foster Care Home**  
**925 Sheridan Drive**  
**Kalamazoo, MI 49001**

Dear Tesia Jones:

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 and specialized certification for the mentally ill and developmentally disabled populations, 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>	AS390415231
<b>Licensee Name:</b>	Tesia Jones
<b>Licensee Address:</b>	1022 Avondale Dr Kalamazoo, MI 49048
<b>Licensee Telephone #:</b>	(269) 993-9880
<b>Administrator:</b>	Tesia Jones
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Warming Hearts Adult Foster Care Home
<b>Facility Address:</b>	925 Sheridan Drive Kalamazoo, MI 49001
<b>Facility Telephone #:</b>	(269) 743-7223
<b>Application Date:</b>	01/02/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

01/02/2023	On-Line Enrollment
01/06/2023	Application Incomplete Letter Sent w/1326, ri-030, and afc-100
02/01/2023	Application Incomplete Letter Sent
02/03/2023	Contact - Telephone call received Licensee requested information about smoke detectors
02/03/2023	Contact - Document Sent Sent AFC rules, licensing ACT, information on Bluetooth smoke detectors, and link to trainings to licensee's email
02/08/2023	Contact - Document Sent Received email from licensee requesting clarification on credit report request, organizational chart, and routine policies and procedures. Sent an email back providing clarification.
02/14/2023	Contact - Document Received Received via email copy of diploma for licensee, admission/discharge policies, mortgage document, bill of sale and credit report.
02/22/2023	Contact - Document Sent Email to licensee clarifying budget and staffing schedule. Requested co-owner of home sign document indicating he was in agreement to home running as AFC and gives permission for inspections from LARA.
03/07/2023	Contact - Document Received Received email from licensee requesting clarification on room measurements.
03/09/2023	Contact - Document Sent Sent email to licensee indicating the specific rules identifying measurement information.
03/14/2023	Contact - Document Received Received via email training confirmation on addressing cardiovascular problems, fire prevention, reporting requirements for caregivers, documentation on wireless smoke detectors, and layout of main level and upper level of facility including measurements of bedrooms.
03/14/2023	Contact - Document Sent Email to licensee requesting clarification on layout of facility.

04/01/2023	Contact - Document Received Received required training verification for licensee.
04/01/2023	Contact - Document Received Received training on Hipaa, first aid, standard/routine procedures, residents rights, budget
04/02/2023	Contact - Document Sent Email regarding CPR needed and budget needing updated
04/19/2023	Contact - Document Received Received updated budget, CPR/1st aid training. Basement layout.
04/20/2023	Contact - Document Sent Sent email to licensee indicating additional documents needed.
04/24/2023	Contact - Document Received Received furnace inspection and TB verification for licensee
04/24/2023	Contact - Document Sent Sent another app incomplete letter via email to indicating the additional documents I need.
04/25/2023	Contact - Document Received Received via email: personnel policies, standard policies and procedures, TB/medical for licensee, and job descriptions
04/28/2023	Contact – Document Sent Sent email confirming receipt of items and indicated what is still needed.
05/18/2023	Inspection Completed On-site
05/18/2023	Inspection Completed – BCAL Sub Compliance
05/21/2023	Contact – Document Received Received electrical and smoke alarm documentation.
05/26/2023	Contact – Document Received Statement regarding not using fireplace.
05/26/2023	Contact – Document Received Updated resume and program statement.

06/15/2023	Contact – Document Received Received updated layout.
06/29/2023	Inspection Completed-BCAL Sub. Compliance
06/29/2023	Inspection Completed – Env Health: A
06/29/2023	Confirming letter sent
06/29/2023	Contact – Document Sent Sent to licensee the following: specialized cert application, specialized cert rules, AFC Starter Packet, AFC YouTube link, fingerprint/background check webinar link, and resident record format info.
07/05/2023	Contact – Document Received Received smoke detector info
07/08/2023	SC-Application Received – Original
07/19/2023	Inspection Completed – BCAL Full Compliance
07/19/2023	Recommend License Issuance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Warming Hearts Adult Foster Care Home is a two story home located within the established Milwood neighborhood of Kalamazoo. On file is verification of property ownership. The home is only a few minutes' drive to I-94 highway, downtown Kalamazoo, local restaurants, grocery stores, shops, convenience stores and parks. It's also only a five minute drive to Portage, Michigan where numerous big box stores, department stores, a multitude of restaurants and the local mall are located. Due to the location of the facility within the City of Kalamazoo, it utilizes a public water and sewer system.

The home only has a car port as there is no garage. Additionally, there is limited parking space in the driveway; therefore, street parking will have to be utilized. The facility's main entrance opens into a small entryway/foyer, which opens into the home's living room. The living room has a fireplace, which the licensee has submitted a signed written statement stating she will neither utilize the fireplace for primary or supplemental heating purposes. Off the living room is a small hallway where one resident bedroom is located and a full bathroom. The bathroom includes a sink, toilet, and tub with shower.

The home's dining room and kitchen are also located off the hallway. There are sliding doors off the dining room that lead to a small deck, which has stairs to the home's backyard. There is a section of the backyard that is surrounded by a fence as beyond the fence the yard has a sudden slope. This fence is non locking against egress. The facility's second means of egress is the exit door off the side of the home through the kitchen. The home's second story stairs are located off the kitchen near this exit door. On the second story of the home are two resident bedrooms, a staff office, and a full bathroom, which includes a sink, toilet, and tub with shower.

The home's basement stairs are located off the dining room near the kitchen. The home's furnace, water heater, and washer/dryer are located in the basement. The basement will not be regularly utilized by residents unless resident's choose to do their own laundry. The home does not have two approved means of egress equipped with ramps from the first floor; therefore, the home is not wheelchair accessible.

The gas furnace, hot water heater, and washer/dryer 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 top of the stairs. The facility is equipped with an interconnected wireless smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The smoke alarm system manufacturer is "Kidde". The smoke detectors incorporate wireless interconnect capability, whereas when one interconnected unit sounds an alarm, all other compatible wireless units in the wireless alarm network will alarm. The alarm interconnect shall be supervised, where an audible and visual indication is given if the alarm loses connection to other units in the network.

Smoke detectors are located in the living room, in each resident bedroom, in the dining room, and in the basement. On file is documentation from a qualified inspection service verifying the facility's heating and electrical systems were recently inspected and are in good working condition. Additionally, the home's dryer is equipped with a permanent vent to the outside of the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'11" x 12'2"	132 sq ft	2
2	(8' x 8'9") + (8'2" x 8'9")	141 sq ft	2
3	13'4" x 15'3"	203 sq ft	2

The living, dining, and sitting room areas measure a total of 330 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 **six (6)** 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 six (6) male or female ambulatory adults whose diagnosis are developmentally disabled and/or mentally impaired. 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 and local Department of Health and Human Services referrals.

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 as agreed upon in the *Resident Care Agreement*.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the residents' *Assessment Plan for AFC Residents* and individual plans of service. These programs shall be implemented only by trained staff, and only with the prior approval of the residents, their guardians, and their responsible agencies.

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's outside employment.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator, Tesia Jones. The applicant and administrator, Tesia Jones, submitted a medical clearance request with statements from a physician documenting her good health and current negative TB results.

The applicant and administrator, Tesia Jones, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Jones has been employed with Kalamazoo's Psychiatric Hospital as a resident care aide since 2019. She regularly assists residents with their activities of daily living, including bathing, grooming, meal preparation, and dressing. She also provides supervision within the hospital and while in the community or at medical appointments. Ms. Jones also worked as a hospice aide for three years where she regularly worked with residents in adult foster care. She also worked nine years as a competency evaluated nursing assistant (CENA) for a nursing home.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 6 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 that 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 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 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, 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, 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 of 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 of the resident's 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**

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 with a licensed capacity of six (6) and specialized certification for the mentally ill and developmentally disabled populations.



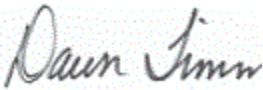
07/19/2023

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



07/19/2023

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Dawn N. Timm  
Area Manager

Date