



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 3, 2024

Brittany Green  
82 Vale Street  
Battle Creek, MI 49014

RE: Application #: AM130415593  
Stepping Stone AFC  
69 Fremont St.  
Battle Creek, MI 49017

Dear Ms. Green:

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 9 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,

*Kevin L Sellers*

Kevin Sellers, Licensing Consultant  
Department of Licensing and Regulatory Affairs  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(517) 230-3704  
[SellersK1@michigan.gov](mailto:SellersK1@michigan.gov)

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM130415593
<b>Licensee Name:</b>	Brittany Green
<b>Licensee Address:</b>	82 Vale Street Battle Creek, MI 49014
<b>Licensee Telephone #:</b>	(269) 316-0159
<b>Administrator/Licensee Designee:</b>	Brittany Green
<b>Name of Facility:</b>	Stepping Stone AFC
<b>Facility Address:</b>	69 Fremont St. Battle Creek, MI 49017
<b>Facility Telephone #:</b>	(269) 964-0490 02/08/2023
<b>Application Date:</b>	
<b>Capacity:</b>	9
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

02/08/2023	Enrollment
02/10/2023	Application Incomplete Letter Sent
02/10/2023	Inspection Report Requested - Fire
09/06/2023	Application Incomplete Letter Sent
10/18/2023	Contact - Document Received
12/11/2023	Contact - Document Sent
12/11/2023	Application Incomplete Letter Sent
01/22/2024	Contact - Document Received
01/23/2024	Application Incomplete Letter Sent
01/29/2024	Contact - Document Received
02/15/2024	Contact - Document Received
02/15/2024	Contact - Document Sent
03/22/2024	Contact - Document Received
03/23/2024	Contact - Document Received
03/25/2024	Contact - Document Received
03/26/2024	Contact - Telephone call made
03/26/2024	Application Complete/On-site Needed
03/27/2024	Contact - Telephone call made
03/28/2024	Inspection Completed On-site
03/28/2024	Inspection Completed-BCAL Full Compliance
04/03/2024	Inspection Report Received - Fire

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Stepping Stone AFC is a two-story ranch home constructed on a full basement with a detached garage located at 69 Fremont Street within Battle Creek. There are multiple restaurants and convenience stores, Wilard Public Library, Battle Creek Central High School, St. Phillip Catholic Central High School and Calhoun County Department of Health and Human Services Building located within a one mile of the group home. Direct care staff and visitor parking is located in the driveway and street in front of the group home with ample amount of space.

The main level of the group home consists of resident bedroom # 1, full bathroom # 1, large living room, dining room, kitchen, staff office area and staff bedroom. The second-floor stairs are located near the front entrance, resident bedroom # 2, resident bedroom # 3, resident bedroom # 4, resident bedroom # 5, resident bedroom # 6 along with full bathroom # 2 located on the second floor of the group home. The basement consist of additional storage, washer/dryer, furnace and hot water heater.

There are three separate approved means of egress in the group home with one located at the front entrance, the second exiting rear of the group home past the kitchen and the third exiting a set of stairs from the second floor into the backyard. However, neither exit is wheelchair accessible so the group home is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair to assist with mobility.

The group home utilizes public water supply and public sewage disposal systems. The basement is separated from the main level of the facility by a 1 3/4-inch fire rated solid core door with a one hour-fire-resistance rating and equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the main floor of the home to the basement.

The furnace and hot water heater were observed located in the basement. The furnace and hot water heater use natural gas, were inspected by a licensed professional on 2/21/24 and found to be in fully operational order.

The group home is equipped with a hardwired interconnected approved pull station alarm system and is fully sprinkled, as required. The group home was inspected and approved by the Bureau of Fire Services on 3/27/24. There are smoke detectors in sleeping areas, near heating equipment and on each level of the home. The group home is equipped with fire extinguishers located next to the front door, kitchen, second floor hallway and in the basement. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' 0" X 15' 2"	195 sq. ft.	2
2	10' 6" X 12' 10"	132 sq. ft.	2
3	12' 9" X 15' 3"	195 sq. ft.	2
4	12' 5" X 12' 5"	145 sq. ft.	1

5	10' 0"X 11' 6"	110 sq. ft.	1
6	11' 0" X 11' 1"	121 sq. ft.	1

The living and dining room areas measure a total of 375 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this group home can accommodate nine (9) residents. It is the licensee's responsibility not to exceed the home'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 nine (9) male ambulatory adults whose diagnosis is developmentally disabled and mentally ill in the least restrictive environment possible. 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, if needed. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency. The applicant intends to accept residents from private pay individuals as a referral source.

In addition, the licensee will provide all transportation for medical needs unless otherwise documented in the resident care agreement. All other request for transportation will be of additional cost. The group home will make provision for a variety of leisure and in-house activities.

The program will utilize resources to provide an environment to enhance the quality of life of residents and will offer outings, shopping, and dining in the community. Community outings are scheduled with consideration to requested destination, availability of transportation, level of resident interest, availability of staff and weather. Residents are responsible for their own purchases on outings. These resources provide an environment to enhance the quality of life and increase the independence of residents.

## **C. Rule/Statutory Violations**

The applicant is Brittany Green who is listed as the licensee and administrator. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate financial capability to operate this adult foster care group home.

A licensing record clearance request was completed with no convictions recorded for Brittany Green. Brittany Green submitted a medical clearance request with statements from a physician documenting her good health and current negative TB results.

Brittany Green has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Green began her employment with Stepping Stone Adult Foster Care from 2012 through 2018 as a direct care worker working directly with residents diagnosed with developmental disabilities and mental illness. Ms. Green has completed required trainings in accordance with AFC requirements for over 6 years.

The staffing pattern for the original license of this nine-bed facility is adequate and includes a minimum of one staff-to-nine 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 not be awake during sleeping hours.

The applicant acknowledges 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](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 designee can administer medication to residents. In addition, the applicant has indicated resident medication will be stored in a locked cabinet and 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 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 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 temporary license to this AFC adult medium group home with a capacity of nine (9) residents.

*Kevin L. Sellers*

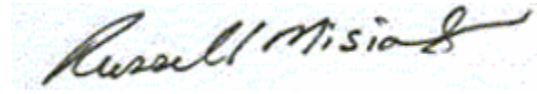
4/3/24

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Kevin Sellers  
Licensing Consultant

Date

Approved By:

A handwritten signature in black ink that reads "Russell B. Misiak". The signature is written in a cursive style with a large initial 'R' and 'M'.

4/3/24

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Russell B. Misiak  
Area Manager

Date