



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 9, 2024

Brett Verkaik
Verkaik AFC, LLC
515 Lyon St NE
Grand Rapids, MI 49503

RE: Application #: AM410418418
Lyon Street AFC
515 Lyon Street
Grand Rapids, MI 49301

Dear Mr. Verkaik:

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 12 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 that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410418418
Licensee Name:	Verkaik AFC, LLC
Licensee Address:	635 Fulton St E Grand Rapids, MI 49301
Licensee Telephone #:	(616) 780-2122
Administrator/Licensee Designee:	Brett Verkaik, Designee
Name of Facility:	Lyon Street AFC
Facility Address:	515 Lyon Street Grand Rapids, MI 49301
Facility Telephone #:	(616) 451-4719
Application Date:	04/23/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

04/23/2024	On-Line Enrollment
04/24/2024	PSOR on Address Completed
04/24/2024	Contact - Document Sent forms sent
04/29/2024	Contact - Document Received AFC100, 1326, IRS Letter
04/29/2024	Lic. Unit file referred for background check review ICHAT Hlt on Live in staff
04/30/2024	Application Complete/On-site Needed
04/30/2024	Inspection Completed On-site
04/30/2024	Inspection Completed-BCAL Full Compliance
05/01/2024	File Transferred To Field Office

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is an older two-story home on a corner lot built in the 1900s, located in Grand Rapids historical Heritage Hill neighborhood of similar built homes. The main floor consists of a foyer, living room, dining room, kitchen, 1 full bathroom, 1 half bathroom, a shared resident bedroom and the bedroom for the live-in manager. The second floor of the home consist of 5 resident bedrooms and 2 full bathrooms. The basement of the home has sleeping quarters for relief staff member, Anthony Menkavitch and his minor son. The basement of the home is not approved for resident use. Laundry facilities are also in the basement of the home. The facility utilities city of Grand Rapids water and sewer systems.

The boiler and hot water heater are in the basement with a 1 ¾ 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, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and full operational.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.75X18	266	3

2	12.42X14.83	184	2
3	13.66X9.5	130	1 or 2
4	14.92X13.66	204	2
5	13.75X12.66	174	2
6	13.75X12	165	2

The living and dining room areas measure a total of 542 sq feet of living space. This exceeds the minimum of 35 sq feet per occupant requirement.

Based on the information above, it is concluded that this facility can accommodate 12 residents. It is the licensee’s responsibility to not exceed the facility licensed capacity.

The facility was previously licensed as Lyon Street AFC, License #AM410008746 and the residents from the previous license will remain in the home under the new licensee and ownership.

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 **twelve** male adults, ages 18 to 80 with mental illness of varying degrees in the least restrictive environment possible. The applicant also intends to serve developmentally disabled individuals, elderly persons, or someone who has suffered long term effects from prior use of drugs or alcohol. 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 deemed necessary.

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.

Transportation is available through the city bus network, which is in close approximation to the outside of the facility. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources, including public schools, libraries, local museums, shopping centers, and local parks.

C. Rule/Statutory Violations

The applicant is Verkaik AFC, LLC, which is a “Domestic Limited Liability Company,” established in Michigan on 08/17/2023. 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 Verkaik AFC, LLC has submitted documentation appointing Brett Verkaik as the licensee designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 12-bed facility is adequate and includes a minimum of 1 staff 12 residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of the supervision, protection, or personal care required by the residents. The applicant has indicated that live-in home manager/direct care staff will be asleep 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) 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 residents' 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 12).

Anthony Mullins

05/09/2024

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

05/09/2024

Jerry Hendrick
Area Manager

Date