



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 30, 2024

Saundra Williams-Sulaiman
Golden AFC Homes LLC
1107 Deneway
Kalamazoo, MI 49008

RE: License #: AS390411503
Golden AFC Homes, Denway
1107 Denway
Kalamazoo, MI 49008

Dear Mrs. Williams-Sulaiman:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

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

I. IDENTIFYING INFORMATION

License #:	AS390411503
Licensee Name:	Golden AFC Homes LLC
Licensee Address:	1912 Cambridge Dr. Kalamazoo, MI 49001
Licensee Telephone #:	(269) 267-6599
Licensee/Licensee Designee:	Saundra Williams-Sulaiman
Administrator:	Saundra Williams-Sulaiman
Name of Facility:	Golden AFC Homes, Denway
Facility Address:	1107 Denway Kalamazoo, MI 49008
Facility Telephone #:	(269) 365-0002
Original Issuance Date:	03/30/2022
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/19/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: 0

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

Bathroom toilet did not have a handrail.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

Excessive garbage from bed bug treatment was located in the back yard of this facility.

A corrective action plan was requested and approved on 09/19/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

As you requested, your special certification has been terminated. A new special certification can be applied for in the event you enter a contract with another provider.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



10/11/2024

Eli DeLeon
Licensing Consultant

Date