



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 18, 2025

Laura Esese
ZURI COMMUNITIES LLC
3640 BRAMBLEBERRY DR NW
COMSTOCK PARK, MI 49321

RE: Application #: AS410418894
NALA HOUSE AFC
342 43RD ST SE
GRAND RAPIDS, MI 49508

Dear Laura Esese:

Attached is the Original Licensing Study Report for the above referenced home. 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.
enclosure

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------|---|
| License #: | AS410418894 |
| Licensee Name: | ZURI COMMUNITIES LLC |
| Licensee Address: | 3640 BRAMBLEBERRY DR NW COMSTOCK PARK, MI 49321 |
| Licensee Telephone #: | (616) 856-9191 |
| Licensee Designee: | Laura Esese |
| Name of Facility: | NALA HOUSE AFC |
| Facility Address: | 342 43RD ST SE GRAND RAPIDS, MI 49508 |
| Facility Telephone #: | (616) 698-9610 |
| Application Date: | 10/09/2024 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED |

II. METHODOLOGY

| | |
|------------|---|
| 10/09/2024 | On-Line Enrollment |
| 10/10/2024 | PSOR on Address Completed |
| 10/10/2024 | Contact - Document Sent |
| 10/14/2024 | Contact - Document Received EIN |
| 10/14/2024 | File Transferred To Field Office |
| 10/15/2024 | Application Incomplete Letter Sent |
| 11/27/2024 | Contact- Document Received App. Incomplete items |
| 12/02/2024 | Application Incomplete Letter Sent Updated App Incomplete Letter sent. |
| 01/06/2025 | Contact- Document Received App. Incomplete items |
| 02/10/2025 | Inspection Completed- BCAL Sub. Compliance |
| 02/18/2025 | Contact-Document Received Proof of physical plant corrections. |
| 02/18/2025 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Nala House AFC is a new construction, bilevel home located in a suburban neighborhood in Kentwood, MI. It is located between Corewell hospital and Metro and Trinity hospitals. There is an urgent care .3 miles from the home. There are several grocery stores and restaurants within three miles of the home. The entrance to the home is located at the front of the house. There is a second entrance with a ramp located in the garage of the home, although the home will not be accepting residents who are not ambulatory due to having stairs to the basement and upstairs floor.

The entrances of the home lead to landing. Taking the stairs to the basement leads to three, private resident bedrooms. One resident bedroom includes a private, full bathroom. There is a semi-private, full bathroom in the basement. The laundry room and heat plant are in the basement, as well, as an emergency exit door that leads to the

backyard. The backyard is fenced in with a gate that will not prevent residents from egress.

The upstairs level of the home includes one semi-private resident bedroom and one private resident bedroom. There is a semi-private, full bathroom. The kitchen and open concept dining and living room are located on this floor. There is a meeting room and medication room as well.

The home utilizes a public water system and sewer disposal system. The gas furnace and water heater are located in the basement in an enclosed heat plant room constructed of materials that provide a 1-hour-fire resistant rating with approved 1 ¾ inch solid core door equivalent that is equipped with an automatic self-closing device with positive latching hardware. The home is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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'x13' – 4'x3'6" | 155 | 1 |
| 2 | 8'6"x16' | 136 | 1 |
| 3 | 11'5"x11'6" | 131 | 1 |
| 4 | 14'x12' | 168 | 2 |
| 5 | 13'x10' | 130 | 1 |

The living, dining, and media room areas measure a total of 557 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** 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** female ambulatory residents with a diagnosis of mentally ill, developmentally disabled, and/or traumatic brain injury. The applicant intends to accept residents through contract placements and who are private pay individuals.

The home's program is designed to enhance the quality of life and independence for residents. This program will include personalized care including assistance with activities of daily living, personal adjustment, independent living skills, social activities in

the facility and in the community. Transportation will be provided as specified in the resident's Resident Care Agreement.

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

C. Applicant and Administrator Qualifications

The applicant is ZURI COMMUNITIES LLC which was established in Michigan in 2024. 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 Board of Directors of ZURI COMMUNITIES LLC have submitted documentation appointing Laura Esese as Licensee Designee and Administrator of the home.

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 licensee designee and administrator are Laura Esese. Ms. Esese's education and experience has been confirmed. She has been successfully running nine adult foster care homes since 2020, all of which are in good standing at the time of this license's issuance.

The staffing pattern for the original license is one direct care worker to six residents. 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 may be sleeping during sleeping hours but that is contingent upon the needs of the residents in the home and will be adjusted as needed to meet resident care needs.

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 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.

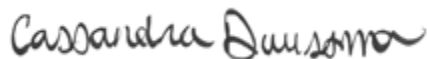
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 and special certification to this AFC adult small group home (capacity 6).

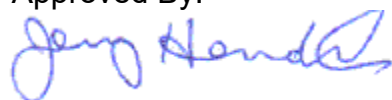


02/18/2025

Cassandra Duursma
Licensing Consultant

Date

Approved By:



02/18/2025

Jerry Hendrick
Area Manager

Date