



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 3, 2025

Michael Townsend  
61 Diamond Avenue NE  
Grand Rapids, MI 49503

RE: Application #: AS410418699  
Michael's Refuge  
722 Eastern Avenue SE  
Grand Rapids, MI 49507

Dear Michael Townsend:

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 5 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 "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**

<b>License #:</b>	AS410418699
<b>Applicant Name:</b>	Michael Townsend
<b>Applicant Address:</b>	61 Diamond Avenue NE Grand Rapids, MI 49503
<b>Applicant Telephone #:</b>	(616) 516-6621
<b>Licensee Designee:</b>	Michael Townsend
<b>Administrator:</b>	Michael Townsend
<b>Name of Facility:</b>	Michael's Refuge
<b>Facility Address:</b>	722 Eastern Avenue SE Grand Rapids, MI 49507
<b>Facility Telephone #:</b>	(616) 481-2423
<b>Application Date:</b>	07/29/2024
<b>Capacity:</b>	5
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

07/30/2024	Application Incomplete Letter Sent requested 1326/RI030, SOS update - address not at facility
07/30/2024	PSOR on Address Completed
07/30/2024	Contact - Document Sent Forms sent
09/04/2024	Contact - Document Received Change of licensee
09/04/2024	Contact - Document Sent 1326/RI030
09/13/2024	Comment Additional fee received
09/13/2024	File Transferred to Field Office
09/16/2024	Application Incomplete Letter Sent Initial
10/30/2024	Contact- Document Received App Incomplete items
11/21/2024	Application Incomplete Letter Sent Updated
01/15/2025	Contact- Document Received App Incomplete items
02/11/2025	Inspection Completed- BCAL Sub. Compliance Corrections needed
02/15/2025	Contact- Document Received App Incomplete items
02/25/2025	Contact- Document Received App Incomplete items
03/03/2025	Inspection Completed- BCAL Full Compliance Proof of physical plant corrections obtained.

## A. Physical Description of Facility

Michael's Refuge is a Queen Anne style, newly remodeled home in the city of Grand Rapids. The home is located approximately two miles from downtown Grand Rapids. There is one ramp along the side of the home as well as stairs which lead to the front porch and entrance door. Through the entrance is a foyer that leads to the main floor of the home. The main floor houses two semi-private resident bedrooms and one private resident bedroom. There is one full bathroom on the main level of the home. There is a kitchen and open concept living and dining area on the main level of the home. The second floor of the home will be utilized by direct care staff and not accessible to residents at this time. Due to only having one ramp, the home is not considered wheelchair accessible and cannot accommodate residents who are non-ambulatory.

The home utilizes public water and sewer. The gas fueled hot water heater and furnace are in the basement which will not be accessible to residents. There is a 1-3/4 inch solid core door equivalent equipped with an automatic self-closing device and positive latching hardware that provides floor separation between the main floor and the basement. The home utilized single station smoke detection which 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
1A	14'2"x14'10"	210	2
1B	16'x12'	192	2
1C	12'1"x9'9"	117	1

The common areas of the home measure a total of 239 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 **five** 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 five male or female ambulatory adults whose diagnosis is Developmental Disability or Mental Illness, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents who are private pay individuals and through contract placements.

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. In-home and local community resources will be utilized. 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 Michael Townsend. 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 licensee designee and administrator are Michael Townsend. Mr. Townsend's education and experience have been confirmed. Mr. Townsend has experience as a direct care worker beginning in 2010.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

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 staffing pattern for the original license is one direct care worker to five 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 will be awake at night.

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 his 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 his 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 his 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 5).

*Cassandra Duursma*

03/03/2025

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Cassandra Duursma  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

03/03/2025

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Jerry Hendrick  
Area Manager

Date