



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 11, 2025

Mark Frank
Mark Frank LLC
1266 Jack Pine
Kalamazoo, MI 49006

RE: Application #: AS390418880
Pine Way Group
1266 JackPine
Kalamazoo, MI 59006

Dear Mark Frank:

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 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390418880
Licensee Name:	Mark Frank
Licensee Address:	1266 Jack Pine Kalamazoo, MI 49006
Licensee Telephone #:	(616) 214-9142
Licensee Designee:	Mark Frank
Administrator	Denise Crawford
Name of Facility:	Pine Way Group
Facility Address:	1266 Jack Pine Kalamazoo, MI 59006
Facility Telephone #:	(616) 214-9142
Application Date:	10/04/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/04/2024	On-Line Enrollment
10/07/2024	PSOR on Address Completed
10/07/2024	Contact - Document Sent forms sent
10/25/2024	Contact - Document Sent sent email on FPS
11/07/2024	File Transferred To Field Office
11/15/2024	Application Incomplete Letter Sent
11/26/2024	Contact-Document Sent -AFC Checklist.
12/08/2024	Contact Documentation Received -Furnace Inspection, Proof of Ownership.
12/08/2024	Contact Documentation Received -Credit Report, Medical Clearance.
12/08/2024	Contact Documentation Received -Program Statement, Admission and Discharge Policy, Emergency Procedures, Job Descriptions, Policy and Procedures, Staff Schedule, Organizational Chart, Floor Plan.
12/09/2024	Contact-Document Sent -Confirming Letter.
12/16/2024	Contact-Document Received -Revised Program Statement, Emergency Procedures.
12/19/2024	Contact-Document Received -Revised Refund Policy.
12/30/2024	Contact-Document Received -Training Self-Attestation.
12/30/2024	Contact-Document Received -Revised Refund Policy.
01/10/2025	Inspection Completed On-site.
01/10/2025	Contact-Document Sent -Confirming Letter.

01/22/2025	Contact-Document Sent -Confirming Letter.
01/24/2025	Request for Supervisory Review.
01/24/2025	Supervisory Review Submitted.
02/03/2025	Contact-Document Sent -Confirming Letter.
02/14/2025	Contact-Documentation Received -Hand Railing.
02/21/2025	Contact-Document Received -AFC Statement of Understanding and Agreement.
02/24/2025	Inspection Completed On-site
02/24/2025	Contact-Document Sent -Confirming Letter.
03/06/2025	Inspection Completed Onsite -BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a split-level brick sided home located in Kalamazoo, Michigan. This facility is four miles away from Bronson Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within one mile of this facility. This facility has a large, paved driveway and a paved parking lot which provides ample parking for visitors and staff. There is a small elevated wooden deck located in the back of the facility, accessible from the parking lot and dining area of the facility. This enclosed deck is more than eight inches above grade and has handrails and fencing on the open sides.

The living room, dining area, and kitchen are located on the main level. The main level has one means of egress located on the west side of the facility at the front entrance foyer and another means of egress located on the east side of the facility, accessible from the dining area. An additional living room is located on the lower level. The lower level has one means of egress at the stairwell leading to the front entrance foyer and

another means of egress located on the west side of the facility through a bedroom that will be unoccupied by residents. The main level of this facility has two private resident bedrooms, one semi-private resident bedroom and one full bathroom. The lower level of this facility is accessible by a stair cased foyer near the living room and has two private resident bedrooms as well as two full bathrooms. This facility is not wheelchair accessible and cannot admit residents who require a wheelchair to assist with mobility. This facility uses public water and septic systems.

The facility has a furnace and water heater that utilize gas for operation and was inspected on 12/02/2024 and is fully operational. The furnace and water heater are located in the lower level of this facility in a fully enclosed room constructed of fire rated material, accessible from the lower-level hallway and separated from the remainder of the home with a metal rated fire door equipped with an automatic self-closing device and positive latching hardware. The facility 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	11'1 X 16'9"	185	2
2	10'1" X 11'6"	115	1
3	10'9" X 12'1"	129	1
4	10' X 12'6"	125	1
5	9' X 11'	100	1

The indoor living and dining areas measure a total of 255 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six** (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male ambulatory residents whose diagnosis is developmentally disability and/or mental illness in the least restrictive environment possible. The program will include personal care and medication assistance, housekeeping and laundry services, scheduled activities and group outings, and transportation to and from outings and appointments. The applicant intends to accept residents from Kalamazoo County Community Mental Health Authority or private agency workers as a referral source. The applicant has applied to operate a specialized program under contract with Kalamazoo County Community Mental Health Authority.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques, and only with the prior approval of the resident, guardian, and the responsible agency.

Transportation will be provided as agreed upon in each resident's *Resident Care Agreement*. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including schools, libraries, churches, shopping centers, sporting events, and local parks to improve the quality of life and personal independence of residents.

C. Applicant and Administrator Qualifications

The applicant, Mark Frank, which is the name of the LLC, has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Mark Frank has submitted documentation appointing Mark Frank as licensee designee and Denise Crawford as administrator for this facility.

Criminal history background checks of Mark Frank and Denise Crawford were completed, and Mark Frank and Denise Crawford are determined to be of good moral character to provide licensed adult foster care. Mark Frank and Denise Crawford submitted a medical clearance request with statements from a physician documenting their good health and current negative tuberculosis test result.

Mark Frank and Denise Crawford have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mark Frank and Denise Crawford have provided proof of required trainings in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People. Mark Frank has over two years of experience providing direct care services in a licensed facility to individuals with a mental illness or developmental disability. Mark Frank has served as the licensee designee for a licensed residential child caring institution for over three years. Denise Crawford has over nine years of experience providing direct care services in a licensed facility to individuals with a mental illness or developmental disability.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee, will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 the residents’ personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged 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 acknowledged 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 acknowledged 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 acknowledged 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 six-month temporary license to this adult foster care small group home with a capacity of six (6) residents.



03/10/2025

Eli DeLeon
Licensing Consultant

Date

Approved By:



03/11/2025

Dawn N. Timm
Area Manager

Date