



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 26, 2025

Felicia White  
Comforting Care Home LLC  
1770 Gentian Dr Se  
Grand Rapids, MI 49508

RE: Application #:	AS610418455 Comforting Care Home LLC 914 S Hilton Park Place Muskegon, MI 49442
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Dear Ms. White:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS610418455
<b>Licensee Name:</b>	Comforting Care Home LLC
<b>Licensee Address:</b>	1770 Gentian Dr Se Grand Rapids, MI 49508
<b>Licensee Telephone #:</b>	(616) 745-1407
<b>Administrator/Licensee Designee:</b>	Felicia White, Designee
<b>Name of Facility:</b>	Comforting Care Home LLC
<b>Facility Address:</b>	914 S Hilton Park Place Muskegon, MI 49442
<b>Facility Telephone #:</b>	(616) 745-1407
<b>Application Date:</b>	05/06/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED, ALZHEIMERS

## II. METHODOLOGY

05/06/2024	On-Line Enrollment
05/09/2024	PSOR on Address Completed
05/09/2024	Contact - Document Sent forms sent
05/09/2024	Inspection Report Requested - Health Inv 1034386
07/02/2024	Contact - Document Received RI030 and MC
07/02/2024	Contact - Document Sent emailed to state the 1326 and AFC100 are still needed
07/16/2024	File Transferred to Field Office
07/18/2024	Application Incomplete Letter Sent
10/28/2024	Contact - Document Received Facility docs re: smoke detector
01/27/2025	Contact - Document Received Facility docs received.
01/28/2025	Contact - Document Received Facility docs received.
02/26/2025	Inspection Completed On-site
02/26/2025	Inspection Completed-BCAL Sub. Compliance
02/26/2025	Confirming Letter Sent
03/04/2025	Contact - Document Received Pictures and documents with corrections
03/07/2025	Contact - Document Received dryer vent, hooked up and vented outside.
03/09/2025	Contact - Document Received Deck with rails but still need rails down steps.

03/17/2025	Contact - Document Received Deck rails installed.
03/24/2025	Application Complete/On-site Needed
03/24/2025	Inspection Completed-BCAL Full Compliance
03/25/2025	LSR Generated.
03/25/2025	Recommend License Issuance.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### **A. Physical Description of Facility**

Comforting Care Home is a newer built Cape Code style home in a rural neighborhood located in Egelston Township. While the home is in a wooded area sitting on 2 ½ acres, it is just off Apple Ave., which is lined with restaurants and businesses and not far from Muskegon. Once you pull off the street, you drive onto a tree lined, wooded front drive. As you enter the home, you walk into a large open dining room, living area and kitchen and while in the living area, you will see slider doors off the back of the home that lead to a large deck looking out to the spacious yard and wooded acreage. Back at the front entrance, there is a resident room off the dining area to the left and to the right. On the North end of the home, there is a mud room, a laundry room, a full bathroom for visitors use, an exit and the stairway door that leads to a full basement. The basement will not be used for resident activities. On the South end of the home, there is a hallway that has another resident room, a full bathroom for resident use that is wheelchair accessible and a walk-in closet. This home is one level, wheelchair accessible equipped with a ramp off the front of the home and a level exit on the North side of the home which are two approved means of egress. The home utilizes private water and sewer. An inspection of the water and septic system was conducted on 06/06/2024 by the Muskegon County Public Health Department and determined to be in compliance with applicable rules.

The gas furnace and hot water heater is in the basement of the home. There is a door at the top of the stairway to the basement and the door is a 1-3/4-inch door equipped with an automatic self-closing device and positive latching hardware. The smoke detectors throughout the house are all interconnected, seven are hardwired and two are battery powered using a wireless signal to communicate with the seven hardwired alarms in the home and when one alarm goes off, they all go off. Per a letter dated 12/05/2024 from Jeff Ream, building official at the Egelston Township Building Department, the smoke detectors do not depend on the internet to operate. The detectors were installed by a licensed electrician and are 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	17.08X12.50	214	2
2	17.08X13.08	223	2
3	18.58X17.08	317	2

The living, dining, and sitting room areas measure a total of 704 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** male or female ambulatory or non-ambulatory adults whose diagnosis is physically handicapped, developmentally delayed, elderly and/or Alzheimer/dementia, in the least restrictive environment possible. 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 applicable. The applicant intends to accept residents from Waiver programs, Muskegon County-DHHS, Muskegon County CMH, or surrounding counties and private pay individuals as a referral source.

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.

The licensee will provide all transportation for program and medical needs unless otherwise indicated on the Resident Care Agreement completed at admission and annually thereafter. 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 and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Comforting Care Home, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 07/19/2021. 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 Comforting Care Home, L.L.C. have submitted documentation appointing Felicia White as Licensee Designee for this facility and Felicia White as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/licensee designee and the administrator. The applicant/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 applicant/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 6-bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. 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 not be awake 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](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 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 resident's 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 to this AFC adult small group home (capacity 6).



03/25/2025

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Elizabeth Elliott  
Licensing Consultant

Date

Approved By:



03/26/2025

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Jerry Hendrick  
Area Manager

Date