



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 30, 2025

Abdirahman Mohamed
OPTIMAL CARE AFC LLC
1201 Brook Ave SE
Minneapolis, MN 55414

RE: Application #: AS410419143
Optimal Care AFC
Grand Rapids, MI 43546
3394 Devon Drive
Grand Rapids, MI 49546

Dear Mr. Mohamed:

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 (616) 356-0100.

Sincerely,

Arlene B. Smith

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410419143

Licensee Name: OPTIMAL CARE AFC LLC

Licensee Address: 3394 Devon Drive
Grand Rapids, MI 43546

Licensee Telephone #: (414) 356-6412

Administrator/Licensee Designee: Abdirahman Mohamed, Designee

Name of Facility: Optimal Care AFC

Facility Address: 3394 Devon Drive
Grand Rapids, MI 49546

Facility Telephone #: (414) 356-6412

Application Date: 01/15/2025

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL AGED
ALZHEIMERS

II. METHODOLOGY

01/15/2025	On-Line Enrollment
01/16/2025	PSOR on Address Completed
01/16/2025	Contact - Document Sent sent forms
01/21/2025	Contact - Document Sent sent AFC100 per licensee phone call request to add administrator
02/06/2025	Contact - Document Sent Email asking who is LD, admin and why did they send an EIN.
02/07/2025	Contact - Document Received
02/10/2025	File Transferred To Field Office
03/06/2025	Application Incomplete Letter Sent
04/18/2025	Contact - Telephone call made Scheduled inspection on 04/23/2025.
04/18/2025	Application Complete/On-site Needed
04/23/2025	Inspection Completed On-site
04/23/2025	Contact - Document Received
04/23/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is of wood construction and is a ranch style and is located in the subdivision of Grand Rapids. The home has a main floor and a basement. There is a garage next to the home. The home has five resident bedrooms on the main floor, a kitchen and a dining room, a living room, an office, two full baths and one-half bath, and a foyer and a laundry room. The home is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. The home will utilize public or private water and sewage.

The gas furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching

hardware, in a fully stopped frame and is located at top of stairs on the main floor. 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' 4" X13' 1"	148.20	1
# 2	11' 10" x 13' 1"	154.73	2
# 3	10' 1" X 13" 3"	133.56	2
# 4	12' 6" X 11' 4 "	141.63	1

The living, dining, and sitting room areas measure a total of 732.85 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 (6) male or female ambulatory or physically handicap, or in a wheelchair, adults whose diagnosis is developmentally disabled or mentally impaired, aged, and Alzheimer's, 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. The applicant intends to accept residents from Kent County-DHHS, Kent County CMH, (network 180) or as a referral source. They will also accept private pay individuals.

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. 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 Optimal Care AFC LLC, which is a “For Profit Corporation” and was established in Michigan, on 12/16/2024. It is also a “Domestic Limited Liability Company.” 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 Optimal Care AFC LLC, Inc. have submitted documentation appointing a Licensee Designee Abdirahman Mohamed as well as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee 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- 6residents 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 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) 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 in order 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 the issuance of a six-month temporary license to this adult foster care small group home capacity 6.

Arlene B. Smith

4/29/25

Arlene B. Smith
Licensing Consultant

Date

Approved By

Jerry Hendrick

4/30/25

Jerry Hendrick
Area Manager

Date

