



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 4, 2025

Corinthia Calhoun
Rivers of Healing
616 Berry Ave
Lansing, MI 48910

RE: Application #: AS330419128
Rivers of Healing
616 Berry Ave
Lansing, MI 48910

Dear Ms. Calhoun:

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330419128
Applicant Name:	Rivers of Healing
Applicant Address:	616 Berry Ave Lansing, MI 48910
Applicant Telephone #:	(517) 214-0646
Licensee Designee:	Corinthia Calhoun
Administrator:	Corinthia Calhoun
Name of Facility:	Rivers of Healing
Facility Address:	616 Berry Ave Lansing, MI 48910
Facility Telephone #:	(517) 759-8335
Application Date:	01/29/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/29/2025	Enrollment
01/29/2025	Application Incomplete Letter Sent
01/29/2025	PSOR on Address Completed
01/29/2025	Contact - Document Sent- requested EIN letter
01/30/2025	Contact - Document Received- EIN Letter
01/30/2025	File Transferred To Field Office
01/30/2025	Application Incomplete Letter Sent- Emailed to applicant, Corinthia Calhoun.
03/10/2025	Contact - Document Received- Supporting documents received via email from applicant, Corinthia Calhoun.
03/10/2025	Application Incomplete Letter Sent- Documents reviewed and application incomplete letter sent to applicant, Corinthia Calhoun, requesting additional information.
04/03/2025	Application Incomplete Letter Sent- Documents received and reviewed. Application incomplete letter emailed to applicant requesting further documentation.
04/10/2025	Contact - Document Received
04/18/2025	Application Incomplete Letter Sent- Requested additional documentation for furnace inspection, evacuation route, and floor plan.
05/08/2025	Application Complete/On-site Needed
05/08/2025	Inspection Completed-BCAL Sub. Compliance
05/27/2025	Inspection Completed-BCAL Sub. Compliance
06/03/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two story, four bedroom, 2.5 bathroom structure located in the City of Lansing in a populated neighborhood. The home is located adjacent to the Old Everett Neighborhood, a short distance from Hawk Island Park and the Country Club of Lansing. The home has four bedrooms that will be licensed for resident use. One single occupancy bedroom and one double occupancy bedroom on the main floor. One single occupancy bedroom and one double occupancy bedroom on the second floor. The home has one full bathroom with a standup shower on the main floor and one full bathroom with a standup shower and a half bathroom on the second floor. The main floor has two means of egress which are not handicap accessible as both means of egress have a staircase which residents will need to traverse to enter and exit the building. Consequently, the facility is not wheelchair accessible and cannot admit residents who require the regular use of a wheelchair. The main entry to the home has a large, covered porch and a standard door. The second exit/entry leads off from the kitchen at a set of French doors that exits into a large backyard. Both means of egress are equipped with positive-latching non-locking against egress hardware. The double occupancy bedroom on the main floor is equipped with an exit door which leads to the backyard. The applicant has assured that residents who occupy this bedroom will be monitored closely and not perceived as an elopement risk. The second floor double occupancy bedroom is also equipped with an exit door, which leads to an elevated balcony equipped with a built on exit staircase. The applicant has assured that residents who occupy this bedroom will be monitored closely and not assessed to be an elopement risk. The home is equipped with a basement, where the furnace and hot water heater are located. The home is not equipped with a washer and dryer for resident use. The applicant has advised that the practice for regular laundering of resident clothing will be to make at least weekly trips to the laundromat. The applicant advised that an additional direct care staff will be employed to complete this task and that residents will not be required to attend direct care staff to the laundromat. All bedroom doors and bathroom doors have been equipped with positive-latching non-locking against egress hardware. On the second floor there are two additional rooms, which will not be licensed as resident bedrooms due to the dimensions of the rooms. These rooms may be utilized for resident activities, or direct care staff use. The living room is shared with the dining room in an open space that walks back toward the kitchen on the main floor. To the side of the dining room is a small sitting area for resident use. This home utilizes public water and sewer services through Board of Water and Light.

The gas furnace and electric hot water heater are located in the basement with a 1-3/4 inch solid core door located at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Smoke detectors are in all required areas. The facility is equipped with central air conditioning.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'1ft x 9'2ft	83.3sqft.	1 (main floor)
2	15'1ft x 10'5ft + 7ft x 12'1ft	241.6sqft.	2 (main floor)
3	12'5ft x 9'8ft + 5'4ft x 10'8ft	176.9sqft.	2 (second floor)
4	10'6ft x 8'10ft	92.7sqft.	1 (second floor)
Living room/Dining Room	11'1ft x 21'10ft	242sqft.	N/A
Sitting Room	8'3ft x 9'9ft	80.4sqft	N/A

The living, dining, and sitting room areas measure a total of 322.4 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 (6)** 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 adults whose diagnosis is developmentally disabled, mentally impaired, or aged, 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 Clinton/Eaton/Ingham County CMH, Tri County Office on Aging, or 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. 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 Rivers of Healing, Inc., which is a Non-Profit Corporation and was established in Michigan, on 3/9/21. 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 Rivers of Healing, Inc. have submitted documentation appointing Corinthia Calhoun as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Calhoun. Ms. Calhoun submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Calhoun has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Calhoun has over one year of direct care experience as she is currently the licensee designee and administrator for another licensed adult foster care facility which serves the developmentally disabled, mentally impaired, and aged populations. She also has experience providing direct care through a private duty caregiving agency she has worked for and operated.

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 be awake during sleeping hours if the resident assessment plans indicate the need for awake staff. Ms. Calhoun did acknowledge that based upon current resident needs, the direct care staff may be sleeping during sleeping hours, but the residents will have access to the direct care staff at all times and regular rounding will occur during sleeping hours.

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 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.

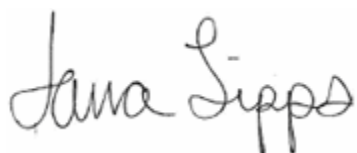
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 issuance of a six-month temporary license to this adult foster care small group home capacity 6.



6/4/25

Jana Lipps
Licensing Consultant

Date

Approved By:



06/04/2025

Dawn N. Timm
Area Manager

Date