



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 23, 2025

Corinthia Calhoun  
Healing Rivers LLC  
1210 Stonegate Lane  
East Lansing, MI 48823

RE: Application #: AS330419655  
**Rivers of Life LLC**  
**1135 E. Saginaw St.**  
**East Lansing, MI 48823**

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 4 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**

<b>License #:</b>	AS330419655
<b>Applicant Name:</b>	Healing Rivers LLC
<b>Applicant Address:</b>	1210 Stonegate Lane East Lansing, MI 48823
<b>Applicant Telephone #:</b>	517-214-0646
<b>Licensee Designee:</b>	Corinthia Calhoun
<b>Administrator:</b>	Corinthia Calhoun
<b>Name of Facility:</b>	Rivers of Life LLC
<b>Facility Address:</b>	1135 E. Saginaw St. East Lansing, MI 48823
<b>Facility Telephone #:</b>	(517) 759-8335
<b>Application Date:</b>	06/04/2025
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

06/04/2025	Enrollment
06/04/2025	Application Incomplete Letter Sent- requested EIN
06/04/2025	PSOR on Address Completed
06/04/2025	Contact - Document Sent
06/10/2025	Contact - Document Received
06/10/2025	File Transferred To Field Office
06/12/2025	Application Incomplete Letter Sent- application incomplete letter sent to applicant, Corinthia Calhoun, via email.
06/18/2025	Contact - Document Received- Documents received via email from applicant.
06/27/2025	Application Incomplete Letter Sent- Documents reviewed. Follow-up email and application incomplete letter sent to applicant requesting further documentation.
07/08/2025	Application Complete/On-site Needed
07/08/2025	Inspection Completed On-site
07/08/2025	Inspection Completed-BCAL Sub. Compliance
07/09/2025	Application Incomplete Letter Sent- Confirming letter emailed to licensee designee, Corinthia Calhoun.
07/22/2025	Inspection Completed On-site
07/22/2025	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

The home located at 1135 East Saginaw St., East Lansing, MI, is part of a duplex. The home is a single-story home with a finished basement. The other side of the duplex is currently being leased to a private renter and is not a licensed adult foster care facility. The home is a three-bedroom, two full bathroom home located adjacent to another licensed adult foster care facility, operated by the applicant. The home is conveniently located near Michigan State University, local parks, and shopping venues. Two of the

bedrooms are located on the main level and will be licensed as double occupancy bedrooms for resident use. The third bedroom is located in the basement and will not be licensed for resident use due to the basement not meeting qualifications in the adult foster care licensing small group home rule set for resident bedrooms in basements. There is one full bathroom on the main level available for resident use. This bathroom is equipped with a double vanity, a stand-up, walk in shower, and a soaker tub. The applicant has stated that the soaker tub will not be used for resident bathing due to safety concerns regarding residents entering and exiting due to the depth of the tub. The second full bathroom is located in the basement and also includes a double vanity and a stand-up, walk in shower. The living room and dining room are an open concept, shared space on the main level. There is a community room in the finished basement where there are egress windows. The washer and dryer are also located in the basement of the home. The home has two main forms of egress from the first level. The first is the front door and the second is a French door which leads to an elevated deck and the deck exits on a walkway that leads to the driveway of the home. The home is not equipped to be licensed for wheelchair use as there are two stairs leading from the front door to the main living area and the second exit has steps leading down from the deck to exit the home. All forms of egress, resident bedrooms, and bathrooms are equipped with positive-latching, non-locking against egress hardware. The home utilizes public water and sewer services.

The natural gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door located at the bottom of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The furnace was last inspected on 3/7/25. The smoke detection equipment was last inspected on 6/30/25.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'1ft x 11'11ft	132sqft	2
2	14'9ft x 14'8ft	216sqft	2
Living room/dining room	27ft x 15'1ft	407sqft	N/A
Community Room (located in basement)	26'5ft x 14'8ft	387.5sqft	N/A

The living, dining, and sitting room areas measure a total of 407 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 **four (4)** 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 **four (4)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, and/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 arrange 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 Healing Rivers L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 3/29/19. 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 Healing Rivers, L.L.C. have submitted documentation appointing Corinthia Calhoun as Licensee Designee and Administrator of the 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 two additional licensed adult foster care facilities which serve the

developmentally disabled, mentally ill, and aged populations. She also has experience providing direct care through a private duty caregiving agency she has worked for and operated, as demonstrated by receipt of Ms. Calhoun's resume.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff –to- 4 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 unless resident assessment plans allow for sleeping direct care staff.

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. This facility is adjacent to another facility operated by Ms. Calhoun. Ms. Calhoun is aware that each facility must be adequately staffed and not share direct care staff or rely on roaming staff at any time.

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 designee, 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.

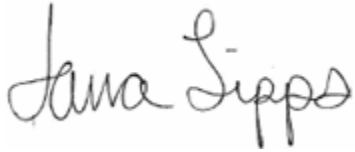
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

## VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home capacity with four residents.



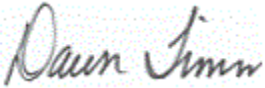
7/23/25

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Jana Lipps  
Licensing Consultant

Date

Approved By:



07/23/2025

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Dawn N. Timm  
Area Manager

Date