



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 30, 2025

Michelle Rivera-Everett  
632 Graham Lake Terrace  
BATTLE CREEK, MI 49014

RE: Application #: AS130419892  
Maxine's Place  
131 N McKinley Ave  
Battle Creek, MI 49017

Dear Michelle Rivera-Everett:

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,

*Kevin L Sellers*

Kevin Sellers, Licensing Consultant  
Department of Licensing and Regulatory Affairs  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(517) 230-3704  
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enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS130419892

**Licensee Name:** Michelle Rivera-Everett

**Licensee Address:** 632 Graham Lake Terrace  
BATTLE CREEK, MI 49014

**Licensee Telephone #:** (269) 841-9134

**Licensee Designee:** Michelle Rivera-Everett

**Administrator:** Micheala Alexandra Gatu

**Name of Facility:** Maxine's Place

**Facility Address:** 131 N McKinley Ave  
Battle Creek, MI 49017

**Facility Telephone #:** (269) 841-9134  
09/04/2025

**Application Date:**

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

## II. METHODOLOGY

09/04/2025	On-Line Enrollment
09/05/2025	PSOR on Address Completed
09/05/2025	Contact - Document Sent
09/30/2025	Contact - Document Received
09/30/2025	Comment
10/07/2025	File Transferred To Field Office
10/07/2025	Application Incomplete Letter Sent
10/15/2025	Contact - Document Received
10/15/2025	Contact - Document Sent
10/15/2025	Contact - Document Received
10/16/2025	Contact - Document Sent
10/16/2025	Contact - Document Received
10/16/2025	Application Complete/On-site Needed
10/29/2025	Inspection Completed On-site
10/29/2025	Inspection Completed-BCAL Full Compliance
10/29/2025	Inspection Completed-Env. Health : A
10/29/2025	Inspection Completed-Fire Safety : A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Maxine's Place is a wood framed two-story home with a full basement, located at 131 McKenley Ave. N. Battle Creek, Michigan in Calhoun County. There are multiple restaurants and convenience stores within walking distance, as well as Verona

Elementary School, Northwestern Middle School and Battle Creek Central High School, Bronson Battle Creek Hospital, Behavioral Health Resources along with Bronson Behavioral Health Specialist located within two to four miles of the facility. Direct care staff and visitor parking is located in the driveway of the facility with ample amount of space provided.

Residents will occupy having access to the first and second floor levels of the facility that includes three resident bedrooms, two full bathrooms, kitchen, dining room, living room, laundry room, four season sitting porch and an open sitting porch at the rear of the facility. The facility basement consist of additional storage areas, furnace and hot water heater. Residents will only have access to the basement for emergency tornado weather use.

There are two separate approved means of egress in the facility with one located at the front entrance and the second exiting rear of the facility into the backyard. However, neither exit is wheelchair accessible so the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair to assist with mobility.

The facility utilizes public water and sewer supply disposal system. The basement door is constructed of 1 ¾ -inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the first floor of the facility to the basement. The facility furnace and hot water heater were observed in the basement. The furnace and hot water heater utilize natural gas and was inspected by a licensed professional on 8/25/25 and found to be in fully operational order.

The facility is equipped with ADT hardwired interconnected smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. There are smoke detectors in sleeping areas, near heating equipment and on each level of the facility. The facility is equipped with a fire extinguishers located in the kitchen, second floor bathroom and in the basement. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15' 2" X 13' 3"	195 sq. ft.	2
2	15' 4" X 13' 10"	210 sq. ft.	2
3	13' 9" X 12' 4"	169 sq. ft.	2

The indoor living and dining areas measure a total of 303 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate six (6) residents only. It is the licensee's responsibility not to exceed the 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 and female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired and 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 with private pay and referral sources from Calhoun County Community Mental Health/Summit Pointe.

**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.

In addition, the licensee will provide transportation for all residents' medical and dental needs including community outings. 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 libraries, shopping centers, churches and local parks. These resources provide an environment to enhance the quality of life and increase the independence of residents. Residents are responsible for their own purchases on outings.

## **C. Rule/Statutory Violations**

The applicant is Michelle Rivera-Everett under the name Maxine's Place LLC, which was established in Michigan, on 8/26/25. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate financial capability to operate this small adult foster care facility.

Maxine's Place LLC has submitted documentation appointing Michelle Rivera-Everett as Licensee Designee and Micheala Gatu as Administrator of the facility. A licensing record clearance request was completed with no convictions recorded for Michelle Rivera-Everett or Micheala Gatu. Mrs. Rivera-Everett and Mrs. Gatu submitted medical clearance requests with statements from a physician documenting their good health and current negative TB results.

Mrs. Michelle Rivera-Everett has provided documentation to satisfy the qualifications and training requirements as licensee designee identified in the group home rules. Mrs. Rivera-Everett has three years of experience working as a direct care with individuals diagnosed with mental illness, developmentally disabled and aged. Throughout the three years, Mrs. Rivera-Everett has worked with individuals having specialized care.

Mrs. Rivera-Everett has completed all required trainings in accordance with AFC requirements.

Mrs. Micheala Gatu has provided documentation to satisfy the qualifications and training requirements as administrator identified in the group home rules. Mrs. Gatu has thirteen years of experience working with individuals diagnosed with mental illness, developmentally disabled and aged. Mrs. Gatu opened a licensed AFC on 12/11/12 that she continues to successfully operate. Throughout the thirteen years, Mrs. Gatu has continued working with individuals having specialized care along with collaborating services for these individuals with community agencies. Mrs. Gatu has completed all required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this three-bed facility is adequate and includes a minimum of one-staff-to-six 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 direct care staff will be awake during sleeping hours.

The applicant acknowledges 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 acknowledges 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 resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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 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 resident 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**

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 temporary license to this AFC adult small group home with a capacity of six (6) residents.

*Kevin L. Sellers*

10/30/25

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Kevin Sellers  
Licensing Consultant

Date

Approved By:

*Russell Misiak*

10/31/25

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Russell B. Misiak  
Area Manager

Date