



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 30, 2025

Donyal Lewis
196 John McCoy Drive
Benton Harbor, MI 49022

RE: Application #: AF110419351
Jessie's Place
196 John McCoy Drive
Benton Harbor, MI 49022

Dear Mr. Lewis:

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 3 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,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
gillr@michigan.gov
(517) 980-1433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF110419351
Applicant Name:	Donyal Lewis
Applicant Address:	196 John McCoy Drive Benton Harbor, MI 49022
Applicant Telephone #:	(269) 369-2594
Licensee:	Donyal Lewis
Name of Facility:	Jessie's Place
Facility Address:	196 John McCoy Drive Benton Harbor, MI 49022
Facility Telephone #:	(269) 369-2594
Application Date:	03/20/2025
Capacity:	3
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

II. METHODOLOGY

03/20/2025	Enrollment
03/20/2025	PSOR on Address Completed
03/20/2025	Application Incomplete Letter Sent 1326/RI030, AFC 100 for RP.
03/20/2025	Contact - Document Sent Forms sent.
05/15/2025	Contact - Document Received 1326/RI030 and AFC-100.
05/15/2025	Comment Licensee listed himself as the responsible person and will need to select someone else as the responsible person.
05/15/2025	Contact - Document Sent AFC-100 for Responsible person.
05/15/2025	Comment FP back from Ashley. Waiting for AFC100.
07/08/2025	Contact - Document Sent 2nd app inc. letter.
07/09/2025	Contact - Telephone call received Licensee called and asked what form they were missing. The AFC-100 was mailed and emailed over to the licensee.
08/07/2025	Contact - Document Received AFC-100
08/07/2025	File Transferred To Field Office
08/07/2025	Application Incomplete Letter Sent

08/18/2025	<p>Contact - Telephone call received from licensee Donyal Lewis requesting consultation and technical assistance regarding his enrollment. Consultation and technical assistance.</p> <p>I emailed Mr. Lewis with a Medical Clearance Request - Adult Foster Care.</p>
08/19/2025	<p>Contact - Document Received</p> <p>Licensee Donyal Lewis provided requested documentation. Mr. Lewis provided Rules and Guidelines for Jessie's Place.</p>
10/06/2025	<p>Contact - Document Received</p> <p>Licensee Donyal Lewis emailed me the final requested documentation for his enrollment.</p>
10/06/2025	<p>Contact - Telephone call made to Mr. Lewis. I scheduled an onsite Original inspection for 10/15/25 at 1:00 p.m.</p>
10/06/2025	<p>Application Complete/On-site Needed</p>
10/13/2025	<p>Contact - Telephone call made to licensee Donyal Lewis, as well as email sent, to change the date of the onsite Original inspection from 10/15/2025 to 10/16/2025. Mr. Lewis said that would work for him.</p>
10/16/2025	<p>Contact - Face to Face</p> <p>I conducted a face-to-face onsite visit to inspect the Adult Foster Care family home and provide consultation and technical assistance. An onsite Original inspection was scheduled for 10/21/25 at 1:00 p.m.</p>
10/21/2025	<p>Inspection Completed On-Site</p>
10/30/2025	<p>Inspection Completed-BCAL Full Compliance</p>
10/30/2025	<p>Recommend License Issuance</p>

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a recently remodeled ranch style home located in Benton Township. The main floor of the home consists of a large living room, dining area, kitchen, a full-size bathroom, two resident bedrooms, laundry facility, and three additional bedrooms and full-size bathroom for licensee and responsible person use. The home is not wheelchair accessible. The home utilizes public water and sewage system.

The furnace and hot water heater are on the main level with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an 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	13 X 10'	130 sq. ft.	2
2	10' X 10'	100 sq. ft.	1

The living, dining, and sitting room areas measure a total of 514 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the information above, it is concluded that this facility can accommodate three (3) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to three ambulatory residents, whose diagnoses are aged, developmentally disabled, mentally ill, and/or physically handicapped. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills, and transportation. The applicant intends to accept residents through personal and community referrals. The applicant has no contracts with any funding agencies.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and

shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for three (3) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 3-bed family home, there is adequate supervision with 1 responsible person on-site for 3 residents. The applicant acknowledges that the number of responsible persons on-site 1-to-3 resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 establish the good moral character and suitability and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 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 residents' 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written

notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

D. Rules or 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 family home (capacity 1-3).

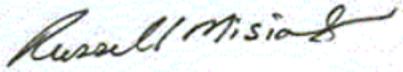


11/3/25

Rodney Gill
Licensing Consultant

Date

Approved By:



11/6/25

Russell B. Misiak
Area Manager

Date