



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 8, 2026

Michelle Williams  
Cascading Grace LLC  
855 Maplehill Avenue SE  
Ada, MI 49301

RE: Application #: AS410420052  
Cascading Grace  
5563 Cascade Rd SE  
Grand Rapids, MI 49546

Dear Ms. Williams:

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,

A handwritten signature in blue ink, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410420052

**Licensee Name:** Cascading Grace LLC

**Licensee Address:** 5563 Cascade Rd SE  
Grand Rapids, MI 49546

**Licensee Telephone #:** (574) 276-8612

**Administrator/Licensee Designee:** Michelle Williams, Designee

**Name of Facility:** Cascading Grace

**Facility Address:** 5563 Cascade Rd SE  
Grand Rapids, MI 49546

**Facility Telephone #:** (574) 276-8612

**Application Date:** 11/09/2025

**Capacity:** 6

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

## II. METHODOLOGY

11/09/2025	On-Line Enrollment
11/10/2025	PSOR on Address Completed
11/10/2025	Contact - Document Sent forms sent
11/10/2025	Contact - Document Received
11/10/2025	File Transferred To Field Office
11/12/2025	Application Incomplete Letter Sent
12/08/2025	Inspection Report Requested - Health licensee contacted Toya and forgot to mark private septic.
12/16/2025	Inspection Completed-Env. Health : A
12/30/2025	Application Complete/On-site Needed
12/30/2025	Inspection Completed On-site
12/30/2025	Inspection Completed-BCAL Full Compliance
12/30/2025	Inspection Completed-Fire Safety : A
12/30/2025	Exit Conference

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Cascading Grace is located at 5563 Cascade Rd SE, Grand Rapids, Kent County, Michigan, is owned by Cascading Grace LLC. The home is a large ranch style structure with a finished lower level approved for resident use. The facility has both stone and vinyl siding and is located in a suburban area on a large, wooded lot. There is an attached one stall car garage that is primarily used for storage. The main floor of the facility contains four resident bedrooms, two full bathrooms, one half bath/laundry room, four seasons room, and a large open-concept living, dining, kitchen area. The lower level of the facility contains two resident bedrooms, full bathroom, living room, therapy pool room, and mechanical room. The main and lower levels of the facility are approved for resident use. There are handrails where required. The facility has approved wheelchair ramps at both primary means of egress on the main level. The facility is barrier free. The facility contains an operational elevator connecting the main and lower levels that is not approved for use. The facility contains a therapy pool at the lower level that is currently covered and in-operable. The door to the pool room is locked and not

currently approved for resident use. This facility utilizes a private septic tank and public water supply.

The tankless hot water heater is in the main level of the facility and separated with appropriate fire safe building materials and self-latching door. The furnace is in the lower level of the facility and is separated from the interior with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility contains a fixed ventless gas fireplace located in the main level great room. The washer and dryer utilities are located on the main floor of the facility. 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	13.10 x 14.08	203	2
2	13.10 x 9	125	1
3	12 x 11	132	2
4	12 x 11	132	2
5	12 x 11	132	2
6	12 x 11	132	2

**Total Capacity: 6**

The main floor living and dining room areas measure a total of 721.5 square feet of living space. The lower level living room and therapy pool room measure a total of 592 square feet of space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

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**

male or female adults aged 18 and over, whose diagnosis are Alzheimer's Disease, aged, mentally impaired, developmentally disabled, Traumatically Brain Injured, and/or physically handicapped in the least restrictive environment possible. The facility is wheelchair accessible. 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. 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 not provide transportation for program and medical needs unless otherwise noted in the resident care agreement. Facility staff will remain awake during sleeping hours. 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 Cascading Grace LLC which is a "Domestic Limited Liability Company", was established in Michigan, on 11/07/2025. 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.

Michelle Williams is the Licensee Designee for this home. Medical and Record Clearance requests for Ms. Williams were completed with no restrictions noted on either.

Ms. Williams has 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 1-staff- to-6 residents during all shifts. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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)), Identogo, 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 Ms. Williams can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

*Toya Zylstra*

01/08/2026

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Toya Zylstra  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

01/08/2026

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Jerry Hendrick  
Area Manager

Date