



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 8, 2026

Michelle Jannenga  
Thresholds  
Suite 130  
160 68th St. SW  
Grand Rapids, MI 49548

RE: Application #: AS410420127  
Boston AFC Home  
2141 Boston St SE  
East Grand Rapids, MI 49506

Dear Ms. Jannenga:

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 cursive script, 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 #:** AS410420127

**Applicant Name:** Thresholds

**Applicant Address:** Suite 130  
160 68th St. SW  
Grand Rapids, MI 49548

**Applicant Telephone #:** (616) 466-5242

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

**Name of Facility:** Boston AFC Home

**Facility Address:** 2141 Boston St SE  
East Grand Rapids, MI 49506

**Facility Telephone #:** (616) 301-3564

**Application Date:** 12/03/2025

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

12/03/2025	Enrollment
12/03/2025	PSOR on Address Completed
12/03/2025	Application Incomplete Letter Sent requested updated 1326A and AFC100
12/03/2025	Contact - Document Sent forms sent
12/08/2025	Contact - Document Received
12/08/2025	Contact - Document Sent need updated prints for Michelle
12/11/2025	Contact - Document Received RI030
12/11/2025	File Transferred To Field Office
12/16/2025	Application Incomplete Letter Sent
01/01/2026	Application Complete/On-site Needed
01/08/2026	Inspection Completed On-site
01/08/2026	Inspection Completed-BCAL Full Compliance
01/08/2026	Inspection Completed-Env. Health : A
01/08/2026	Inspection Completed-Fire Safety : A
01/08/2026	Exit Conference

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The one story six bed facility was built specifically as an adult foster care home. The facility is a wood framed structure, located in the city of East Grand Rapids. The facility is constructed with brick and vinyl siding. The facility is on one level and therefore is wheelchair accessible and it has two means of egress. The facility consists of a kitchen, dining room, staff office, sunroom, laundry room with half bath, two living rooms, and two full-sized bathrooms. The facility contains six resident bedrooms. The facility is barrier free and wheelchair accessible. The facility will utilize public water and sewage system.

The heat plant and hot water heater are located on the lower level, that is constructed of materials that provide a 1 hour-fire-resistance with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware, in a fully stopped frame. 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.

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

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
1	11.08 x 9.10	115	1
2	11.08 x 9.10	115	1
3	11.08 x 9.10	115	1
4	11.08 x 9.10	115	1
5	11.08 x 9.10	115	1
6	11.08 x 9.10	115	1

The living, dining, and sunroom areas are a total of 925 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** residents. It is the licensee's responsibility not to exceed the facility's license 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 female residents that are aged 18-99 years old and that are diagnosed as physically handicapped and/or developmentally disabled. The facility is wheelchair compatible. 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 as necessary.

The licensee will provide all transportation for program and activities.

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 Thresholds and it is a domestic nonprofit corporation, and it was established in Michigan, on 05/13/1975. 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.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request, with statements from a physician documenting their good health and current TB-test negative results.

The licensee designee and administrator have 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 adequate and includes a minimum of 2 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.

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.

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, 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, 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.

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 is 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