



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 22, 2026

Tenae Patterson
Kelsea's Sacred Dwellings
PO Box 602
Wyoming, MI 49418

RE: Application #:	AS410419077 KSD #1 1662 Klaver St Wyoming, MI 49418
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Dear Ms. Patterson:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined 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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410419077
Licensee Name:	Kelsea's Sacred Dwellings
Licensee Address:	5127 Windcrest Ave SW Wyoming, MI 49418
Licensee Telephone #:	(616) 822-8549
Administrator/Licensee Designee:	Tenae Patterson, Designee
Name of Facility:	KSD #1
Facility Address:	1662 Klaver St Wyoming, MI 49418
Facility Telephone #:	(616) 822-8549
Application Date:	12/24/2024
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/24/2024	On-Line Enrollment
12/26/2024	PSOR on Address Completed
12/26/2024	Contact - Document Sent forms sent
01/07/2025	Lic. Unit file referred for background check review Willie Patterson ICHAT sent to Candace
01/08/2025	File Transferred To Field Office
01/28/2025	Application Incomplete Letter Sent
02/24/2025	Contact - Document Sent Sent Ms. Patterson links for documents and forms to look through to help with paperwork for application.
03/10/2025	Contact - Document Received Medical clearance paperwork
04/10/2025	Contact - Document Received Paperwork for the license, admission/dc policy etc.
05/05/2025	Contact - Document Sent Emails to Tenae re: setting up date for inspection.
05/06/2025	Contact - Document Received initial inspection set for 05/15/2025
05/08/2025	Contact - Document Received Ms. Patterson requested to change original inspection date to 05/22/2025.
05/22/2025	Inspection Completed On-site
05/22/2025	Inspection Completed-BCAL Sub. Compliance
06/05/2025	Contact - Document Sent Emailed Ms. Patterson and asked if she received the confirming letter and asked if she was going to change the application to a Family Home rather than small group.
06/05/2025	Contact - Document Received

	Ms. Patterson confirmed that she submitted a family home application now in lieu of the small group home that she originally applied for. She rec'd the confirming letter.
06/11/2025	Contact - Document Sent Told Ms. Patterson that I am working on a confirming letter for Family home license for Tenae.
06/20/2025	Contact - Document Sent Sent Ms. Patterson link to the Family Home Rules
06/23/2025	Contact - Document Received Ms. Patterson asked about the paneling in the lower level and asked if she could unlicensed that part of the basement. I responded to her that no, paneling must come down or be proven to be Class C fire resistant.
07/03/2025	Contact - Document Sent Ms. Patterson re: paneling and drop ceiling.
07/21/2025	Contact-Document Sent I emailed Ms. Patterson to check in and see how progress on her Family Home application items on confirming letter are progressing.
10/08/2025	Contact-Document Received Updated application, small group home, different address.
10/08/2025	PSOR on address completed.
10/22/2025	Inspection Completed On-Site
10/22/2025	Inspection Completed-BCAL Sub. Compliance
10/30/2025	Confirming Letter Sent.
12/01/2025	Application Incomplete Letter Sent This application has been changed from one address to another and from one type of license (Family Home) to another (Group Home). I am sending another application incomplete letter as documents are still needed.
12/19/2025	Inspection Completed On Site
12/19/2025	Inspection Completed-BCAL Sub. Compliance Confirming Letter to Applicant.

01/15/2026	Inspection Completed On-Site
01/15/2026	Inspection Completed-BCAL Full Compliance
01/15/2026	Application Complete/On-site Needed
01/20/2026	Recommend License Issuance
01/22/2026	License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home located at 1662 Klaver St. in the City of Wyoming, is a ranch style home situated in a quiet subdivision of similarly built homes. As you enter the home, the stairway to the lower level of the home is to the left. The lower level will not be available for resident use due to the egress. The dining room, living room and kitchen are all open areas as you enter through the front door, there is a small, full bathroom for residents to use off the kitchen and a door leading out to the garage. Past the living room, there is a small hallway on the south end of the home that has three bedrooms and a full bathroom for residents use. In total, the home has three resident bedrooms and two full bathrooms for residents use.

The home is not wheelchair accessible and does not have 2 approved means of egress that are equipped with ramps from the first floor. The home utilizes public water and sewer.

The electric furnace and hot water heater are in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of stairs. The facility is equipped with a wireless smoke detection system, with battery backup, that all sound when one smoke detector is activated. The wireless smoke detection system is fully operational, smoke detectors are on the main floor, in the hallway near the bedrooms and in the lower level.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.17X10.0	102	1
2	9.83X10.83+ 2.33X2.92	114	1

3	13.33X10.83	144	2
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The living, dining, and sitting room areas measure a total of 336 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** 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) female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 all surrounding County-DHHS, all surrounding County CMH, 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 provide all transportation for programming 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 Kelsea’s Sacred Dwelling, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/24/2024. 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 Kelsea’s Sacred Dwelling, L.L.C. have submitted documentation appointing Tenae Patterson as Licensee Designee for this facility and Tenae Patterson as the Administrator of the facility.

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

The applicant 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 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.

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) 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 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 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 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

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 and special certification to this AFC adult small group home (capacity 4).
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Elizabeth Elliott

01/22/2026

Elizabeth Elliott
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/22/2026

Jerry Hendrick
Area Manager

Date