GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 27, 2026

Clementine Praise
BELA STREET LLC
6664 Bela Ave
Kalamazoo, MI 49009

RE: Application #: AS390418885
BELA STREET LLC
6664 Bela Ave
Kalamazoo, MI 49009

Dear Clementine Praise:

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 (517) 335-5985.

Sincerely,

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390418885
Licensee Name:	BELA STREET LLC
Licensee Address:	6664 Bela Ave KALAMAZOO, MI 49009
Licensee Telephone #:	(269) 716-0994
Licensee Designee:	Clementine Praise
Administrator:	Clementine Praise
Name of Facility:	BELA STREET LLC
Facility Address:	6664 Bela Ave Kalamazoo, MI 49009
Facility Telephone #:	(269) 716-0994
Application Date:	10/06/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/06/2024	On-Line Enrollment
10/07/2024	PSOR on Address Completed
10/07/2024	Contact - Document Sent forms sent
11/14/2024	Contact - Document Received
11/15/2024	File Transferred To Field Office
11/18/2024	Application Incomplete Letter Sent
01/02/2025	Contact-Documents Received -Medical Clearance, Proof of Ownership, Program Statement, Admission and Discharge Policy, Refund Policy, Personnel Policies, Job Descriptions, Standard Procedures, Staffing Pattern, Organization Chart, Proposed Budget, Emergency Procedures.
01/22/2025	Contact-Documentation Sent -Application Incomplete Letter Sent.
03/13/2025	Contact-Documents Received -Evacuation Plan, Furnace Inspection.
03/15/2025	Contact-Documentation Sent -Application Incomplete Letter Sent.
05/20/2025	Contact-Documentation Received -Floor Plan, Smoke and Fire Alarm Inspection.
09/02/2025	Contact-Documentation Sent -Application Incomplete Letter Sent.
09/18/2025	Contact-Documentation Received -Training Documentation.
09/19/2025	Inspection Completed On-site
09/19/2025	Inspection Completed-BCAL Sub. Compliance
09/24/2025	Contact-Documentation Sent -Confirming Letter Sent
11/25/2025	Contact-Documentation Received -Training Attestation.

12/30/2025	Contact-Documentation Received -Revised Program Statement.
01/15/2026	Contact-Documentation Received -Deck Railings, Handrails.
02/03/2026	Contact-Documentation Received -Deck Railings, Handrails.
02/17/2026	Contact-Documentation Received -Deck Railings, Handrails.
02/24/2026	Contact-Documentation Received -Oshtemo Township Building Permit Safety Inspection, Deck Railings, Handrails.
02/26/2026	Inspection Completed On-site
02/26/2026	Inspection Completed-BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two-story, lap-sided home located in a suburban neighborhood in the city of Kalamazoo. This facility is less than three miles from Bronson Methodist Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within one mile of the home. Staff and visitor parking is located near the front entry of the home with a driveway and curbside parking on the street.

The living room, one full bathroom, one semi-private resident bedroom with an attached semi-private bathroom, kitchen, and dining room are located on the main level. One means of egress is located in the living room while another means of egress is in the kitchen. The second story of this facility is accessible from a stairway in the living room and has two private resident bedrooms, one semi-private resident bedroom and one full bathroom. This facility is not wheelchair accessible. This facility has public water and sewer systems.

The furnace was inspected on 02/21/2025 and is fully operational. A 20-minute fire rated door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the fully enclosed furnace and water heater on the basement level and is accessible from the living room, creating floor separation.

The facility is equipped with an interconnected, hardwired 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:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12’4” X 24’1”	297	2
2	10’11” X 11’4”	123	1
3	13” X 16’10”	210	2
4	10’4” X 10’10”	111	1

The living, dining, and sitting room areas measure a total of 447 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 (6) residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in each resident’s Assessment Plans for AFC Residents and individual plans of service. 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 or female ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, aged, mentally ill, and traumatically brain injured, 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 has applied for specialized program certification and intends to enter into contracts with various Community Mental Health agencies throughout the State of Michigan.

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 transportation for programming and medical needs as

specified in the Resident Care Agreement. The facility will make provisions 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 for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Bela Street LLC, and it is a “Domestic Limited Liability Company” which was incorporated on October 01, 2024. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status. 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 Board of Directors of Bela Street LLC, has submitted documentation appointing Clementine Praise as Licensee Designee and Administrator of the facility. A criminal background check of Clementine Praise was completed, and Clementine Praise is determined to be of good moral character to provide licensed adult foster care. Clementine Praise has submitted a statement from her physician documenting her good health and current negative tuberculosis test results.

Clementine Praise has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Clementine Praise has provided proof of required training in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People. Clementine Praise has over ten years of experience providing direct care to the populations that will be served in this home.

The staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance. The applicant acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident is informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights. The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged 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 six-month temporary license to this adult foster care small group home with a capacity of six (6) residents.

02/26/2026

_____

Eli DeLeon Date
Licensing Consultant

Approved By:

02/27/2026

_____

Dawn N. Timm Date
Area Manager