



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2026

Kaili Brandon
Caring Arms Community Group Inc
Suite 100
3501 Lake Eastbrook Boule
Grand Rapids, MI 49546

RE: Application #: AS390419944
Caring Arms Community Group Foster Care Home
1201 Cobb Ave
Kalamazoo, MI 49007

Dear Kaili Brandon:

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 5 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,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

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 #:	AS390419944
Licensee Name:	Caring Arms Community Group Inc
Licensee Address:	Suite 100 3501 Lake Eastbrook Boule Grand Rapids, MI 49546
Licensee Telephone #:	(888) 973-4099
Licensee Designee:	Kaili Brandon
Administrator:	Bobbie Gray
Name of Facility:	Caring Arms Community Group Foster Care Home
Facility Address:	1201 Cobb Ave Kalamazoo, MI 49007
Facility Telephone #:	(810) 964-7494
Application Date:	09/24/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

09/24/2025	On-Line Enrollment
09/26/2025	PSOR on Address Completed
09/26/2025	Contact - Document Sent- forms sent
10/14/2025	Contact - Document Received
10/15/2025	File Transferred To Field Office
10/16/2025	Application Incomplete Letter Sent
11/05/2025	Contact-Documentation Received-Admission and Discharge Policy, Emergency Procedures, Budget, Organizational Chart, Program Statement, Proposed Staffing Pattern, Refund Policy, Personnel Policies, Job Descriptions, Medical Clearance, Lease Agreement. Education Verification.
12/09/2025	Application Incomplete Letter Sent.
12/30/2025	Contact-Documentation-Training.
01/30/2026	Application Incomplete Letter Sent.
02/19/2026	Contact-Documentation-Training.
02/27/2026	Inspection Completed On-site.
03/05/2026	Confirming Letter Sent.
04/13/2026	Contact-Documentation Received-Revised Floor Plan, Special Certification Application.
05/15/2026	Inspection Completed On-site 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. The property is owned by Pietros Tekeste. On file is proof of property ownership, permission to inspect, and documentation that Kaili Brandon has permission to operate a licensed adult foster care at this location. This facility is less than two 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 kitchen, living rooms, one full bathroom, dining room, all-season porch and one private resident bedroom are located on the main level. One means of egress is located in the all-season porch while another means of egress is in the kitchen. The second story of this facility is accessible from a stairway in the kitchen and has two semi-private resident bedrooms and one full bathroom. This facility is not wheelchair accessible. This facility has public water and sewer systems.

The furnace was inspected on 11/07/2025 and is fully operational. A 20-minute metal 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 kitchen, 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. Smoke detectors are located in all sleeping areas, kitchen, living areas along with all areas that contain flame or heat producing equipment. Fire extinguishers are located on each level of the facility including the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10" X 11'2"	120	1
2	11'11" X 11'7"	138	2
3	13'3" X 9'11"	131	2

The living, dining, and sitting room areas measure a total of 340 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 five (5) residents. It is the licensee's responsibility not to exceed the facility's license 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 five (5) male or female ambulatory adults whose diagnosis is aged, developmentally disabled, and mentally ill, 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 Caring Arms Community Group Inc, and it is a "Domestic Nonprofit Corporation" which was incorporated on July 07, 2025. 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 Caring Arms Community Group Inc has submitted documentation appointing Kaili Brandon as Licensee Designee and Bobbie Gray as Administrator of the facility. A criminal background check of Kaili Brandon and Bobbie Gray was completed, and Kaili Brandon and Bobbie Gray are determined to be of good moral character to provide licensed adult foster care. Kaili Brandon and Bobbie Gray have submitted a statement from a physician documenting their good health.

Kaili Brandon and Bobbie Gray provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Kaili Brandon and Bobbie Gray have 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. Kaili Brandon has over two years of experience providing direct care to the populations that will be served in this facility. Bobbie Gray has over eight years of experience providing direct care to the populations that will be served in this facility.

The staffing pattern for the original license of this five-bed facility is adequate and includes a minimum of one staff for five 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 five (5) residents.



05/19/2026

Eli DeLeon
Licensing Consultant

Date

Approved By:



05/20/2026

Dawn N. Timm
Area Manager

Date