



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2026

Michelle Williams
Grace Communities
855 Maple Hill Ave SE
Ada, MI 49301

RE: Application #: AS410420422
Grace Wyoming
5261 Snyder Drive SW
Wyoming, MI 49418

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 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 #:	AS410420422
Licensee Name:	Grace Communities
Licensee Address:	855 Maple Hill Ave SE Ada, MI 49301
Licensee Telephone #:	(574) 276-8612
Administrator/Licensee Designee:	Michelle Williams, Designee
Name of Facility:	Grace Wyoming
Facility Address:	5261 Snyder Drive SW Wyoming, MI 49418
Facility Telephone #:	(574) 276-8612
Application Date:	03/16/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

03/16/2026	On-Line Application Incomplete Letter Sent 1326 req'd
03/16/2026	On-Line Enrollment
03/20/2026	Contact - Document Sent forms sent
04/22/2026	Contact - Document Received 1326/RI030, IRS Ltr rec'd
05/01/2026	Application Incomplete Letter Sent
07/01/2026	Application Complete/On-site Needed
07/22/2026	Inspection Completed On-site
07/22/2026	Inspection Completed-BCAL Full Compliance
07/22/2026	Inspection Completed-Env. Health : A
07/22/2026	Inspection Completed-Fire Safety : A
07/22/2026	Exit Conference

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This ranch style house is located at 5261 Synder SW Wyoming, Michigan, 49518, in the county of Kent. The facility is owned by Grace Communities. The facility sits in a suburban area and there is an attached garage that is primarily used for storage. The home has vinyl and brick siding. The home has adequate parking for approximately four vehicles. The facility has five resident bedrooms, three full bathrooms, one half bathroom, one kitchen, one dining area, and three communal living areas. The lower-level walkout is approved for resident use. There are handrails where required. This facility utilizes public sewer and water systems.

The washer and dryer are located on the main floor of the facility in a shared half bathroom. The furnace and hot water heater are located in an enclosed basement utility room, and it is equipped with a 1-3/4 inch solid core door outfitted with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The system was tested upon the final inspection on 07/22/2026 and worked properly. There is at least one operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes

are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 x 12	132	2
2	13 x 10	130	2
3	16 x 12	192	2
4	19 x 10	190	2
5	13 x 13.42	174	2

Total Capacity: 6

The living and dining room areas measure a total of 1002 square feet of living 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. The landscaping and property are maintained in appropriate condition.

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 and/or female adults aged 18 years to 99 years, who may be diagnosed as aged, traumatically brain injured, Alzheimer's, physically handicapped, developmentally disabled, and/or mentally ill 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

The facility will not provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services.

C. Applicant and Administrator Qualifications

The applicant is Grace Communities, is an “incorporated non-profit” which was established in Michigan, on 03/18/2016. 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 Grace Communities have submitted documentation appointing Michelle Williams as Licensee Designee and Sherman Williams as the administrator of the 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.

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 six-bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledges that the staff one to six resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. 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, 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 and all of the resident's 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 to this AFC adult small group home (capacity 6).



07/30/2026

Toya Zylstra
Licensing Consultant

Date

Approved By:



07/30/2026

Jerry Hendrick
Area Manager

Date