



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

January 11, 2008

Chris Goins  
Michigan Care, L.L.C.  
PO Box 139  
Battle Creek, MI 49016-0139

RE: Application #: AS130292696  
Michigan Care  
201 North Avenue  
Battle Creek, MI 49017

Dear Mr. Goins:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

Kenneth Tindall, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 337-5264

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS130292696

**Applicant Name:** Michigan Care, L.L.C.

**Applicant Address:** 201 North Avenue  
Battle Creek, MI 49017

**Applicant Telephone #:** (269) 964-8000

**Administrator/Licensee Designee:** Chris Goins, Designee

**Name of Facility:** Michigan Care

**Facility Address:** 201 North Avenue  
Battle Creek, MI 49017

**Facility Telephone #:** (269) 962-2399  
09/13/2007

**Application Date:**

**Capacity:** 6

**Program Type:** MENTALLY ILL

## II. METHODOLOGY

09/13/2007	Enrollment
09/20/2007	File Transferred To Field Office Kal
01/04/2008	Inspection Completed On-site
01/04/2008	Contact - Document Received facility documents.
01/10/2008	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This home was previously licensed (AS130069761) and this is a change of ownership application. It is a 2 story wood frame house with unfinished basement. Residents will occupy 1<sup>st</sup> and 2<sup>nd</sup> floors only. The 1<sup>st</sup> floor has 2 bedrooms, living room, dining room, kitchen, 1 full bathroom and laundry room. The 2<sup>nd</sup> floor has 1 full bathroom, 3 bedrooms and lounge area. Documentation on file verifies compliance with space requirements.

The applicant is leasing the home from the owner, Great Lakes Regional Care, Inc. Proof of ownership, permission from the owner to allow use for adult foster care, and copy of lease are all on file.

This home has public water and sewer and was found to be in substantial compliance with rules pertaining to Environmental Health.

The home has an interconnected, hardwired smoke detection system with battery backup. The home's gas fired furnace and water heater are in the basement. On file is documentation that a complete fire inspection was completed several months ago. This home is in substantial compliance with rules pertaining to Fire Safety.

### B. Program Description

The licensee designee for the corporation is Chris Goins. Medical, TB, and criminal clearances for him are on file. Qualification requirements for Mr. Goins are approved and on file.

The home is approved to provide care for adults with mental illness. Both genders are accepted. The applicant's admission/discharge policies are consistent with AFC small group home rules.

Emergency medical transportation is available by dialing 911. The home's program statement includes a variety of recreational and work for pay opportunities that will be offered to meet each resident's individual needs. The proposed staff/resident ratio is at least 1 staff for every 3 residents during waking hours and 1 staff to 6 residents during sleep hours.

The applicant will issue and review a copy of resident rights with each admission. The applicant has all necessary resident record forms to permit applicable rule compliance. The applicant is familiar with rules pertaining to resident and staff records and criminal background check requirements (Act 29) for employees.

A review of the application and support documents indicates substantial compliance with rules relating to financial capability of the corporation. The rule required corporate and facility documents are on file.

**C. Conclusion**

The findings indicate this applicant is in substantial compliance with Act No. 218 and the administrative rules.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

*Kenneth Tindall*

1.11.2008

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Kenneth Tindall  
Licensing Consultant

Date

Approved By:

*Gregory V. Corrigan*

01/11/2008

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Gregory V. Corrigan  
Area Manager

Date