



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

May 1, 2013

Melissa Bentley  
The New Beginnings Manor LLC  
3902 Cuthbertson St.  
Flint, MI 48507

RE: Application #: AM250328940  
New Beginnings  
3902 Cuthbertson St.  
Flint, MI 48507

Dear Ms. Bentley:

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 11 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 (517) 373-2506.

Sincerely,

Lisa Gundry, Licensing Consultant  
Bureau of Children and Adult Licensing  
4809 Clio Road  
Flint, MI 48504  
(810) 931-1220

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM250328940

**Applicant Name:** The New Beginnings Manor LLC

**Applicant Address:** 3902 Cuthbertson St.  
Flint, MI 48507

**Applicant Telephone #:** (810) 232-2215

**Administrator/Licensee Designee:** Melissa Bentley, Designee

**Name of Facility:** New Beginnings

**Facility Address:** 3902 Cuthbertson St.  
Flint, MI 48507

**Facility Telephone #:** (810) 232-2215

**Application Date:** 07/02/2012

**Capacity:** 11

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
PHYSICALLY HANDICAPPED  
ALZHEIMERS  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

07/02/2012	Enrollment
07/02/2012	PSOR on Address Completed
07/02/2012	Inspection Report Requested - Health 1020436
07/02/2012	Inspection Report Requested - Fire
07/02/2012	Contact - Document Sent Fire Safety Letter
07/02/2012	Contact - Document Sent Rules & Acts Booklets
07/02/2012	Application Complete/On-site Needed
07/02/2012	File Transferred To Field Office Flint
07/25/2012	Application Incomplete Letter Sent
12/17/2012	Inspection Completed-Fire Safety : A full approval
01/22/2013	Inspection Completed On-site
01/22/2013	Inspection Completed-BCAL Full Compliance
01/25/2013	PSOR on Address Completed
04/18/2013	Inspection Completed-Env. Health : A
04/18/2013	PSOR on Address Completed
05/01/2013	Recommend License Issuance

## II. DESCRIPTION OF FINDINGS & CONCLUSIONS

The New Beginnings home is a six bedroom home located at 3902 Cuthbertson St. Flint in Genesee County. The home is located in a well-established neighborhood on a large corner lot. The physical plant is a three story vinyl-sided structure with a large finished basement. The main floor consists of two separate living room areas, two eat-in dining rooms, kitchen, office and one resident bedroom. The home has three full bathrooms and a half bathroom on the main floor. The full bath on the main floor is a private

bathroom in the resident bedroom. The second floor has two full bathrooms with shower area. Each bedroom has a closet or wardrobe. The facility has adequate storage areas. There is a driveway with a large area for staff and visitors to park.

The home has two furnaces and hot water heaters, which are located in the basement. Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The laundry facilities are located in the basement. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

The facility has a municipal water and sewer system. The facility was inspected by the Genesee County Health Department on April 11, 2013. The facility was determined to be in substantial compliance with all applicable rules.

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

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
1 <sup>st</sup> floor	12 x 10	120	1
2 <sup>nd</sup> floor SW	16 x 9.5	152	2
2 <sup>nd</sup> floor SE	10 x 13.5	135	2
2 <sup>nd</sup> floor NE	17 x 10	170	2
2 <sup>nd</sup> floor N Cn	15 x 11	165	2
2 <sup>nd</sup> floor NW	15 x 11	165	2

The maximum capacity of bedroom square footage for residents in the home is (11) eleven.

The main eat-in dining area measures 11'5 x 25, which is 252 square feet. This area can comfortably seat nine (9) residents. The second eat-in area measures 10 x 8 and can accommodate two (2) residents. The west living room measures 106 square feet and the east living room measures an additional 180 square feet of living space. The total living space is 573 square feet, which exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were adequately furnished, clean, and met all applicable rules relating to environmental and fire safety requirements.

The home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.1502, R 400.14503, and R 400.14504.

Based on the above information, it is concluded that this facility can accommodate **eleven (11)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This facility is not wheelchair accessible.

## **A. Program Description**

The applicant, New Beginnings Manor LLC, submitted a copy of the required documentation to the consultant. 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 **eleven (11)** male or female ambulatory adults who are ages 18 and over with a diagnosis of mentally ill, developmentally disabled, aged, Alzheimer's, physically handicapped or traumatic brain injured, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

New Beginnings Manor LLC will ensure that the resident's transportation and medical needs are met. New Beginnings Manor LLC has transportation available for residents to access community-based resources and services. 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.

## **B. Rule/Statutory Violations**

On 6/29/2012, New Beginnings Manor LLC submitted an application to provide foster care services to eleven adults at 3902 Cuthbertson St. Flint, Michigan.

The applicant, New Beginnings Manor LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 06/13/2012. Although the corporation is newly established, the licensee is an experienced adult foster care provider, currently operating fifteen other licensed adult foster care facilities in Michigan. 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 applicant has a board of directors that oversee the corporation.

New Beginnings Manor LLC submitted a written statement naming Melissa Bentley as the licensee designee and as the facility administrator. Ms. Bentley submitted a licensing record clearance request that was completed with no LEIN convictions recorded. She also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. Ms. Bentley has 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 11-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff 1-to-11 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

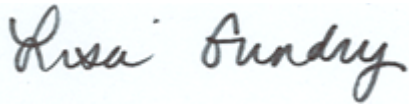
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule and Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**III. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-11).



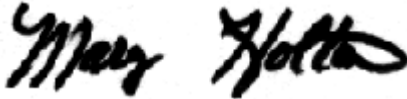
5/01/2013

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Lisa Gundry  
Licensing Consultant

Date

Approved By:



05/07/2013

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Mary E Holton  
Area Manager

Date