



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 9, 2014

Michelle Moore
Stoneridge AFC, LLC
4825 Fruin Road
Bellevue, MI 49021

RE: Application #: AL080338716
Stoneridge AFC, LLC
4825 Fruin Road
Bellevue, MI 49021

Dear Ms. Moore:

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 20 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) 284-9720.

Sincerely,

Dawn Campbell, Licensing Consultant
Bureau of Children and Adult Licensing
5303 S Cedar
PO Box 30321
Lansing, MI 48909
(517) 899-5607

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL080338716
Applicant Name:	Stoneridge AFC, LLC
Applicant Address:	4825 Fruin Road Bellevue, MI 49021
Applicant Telephone #:	(269) 758-8707
Administrator:	Michelle Moore
Licensee Designee:	Michelle Moore
Name of Facility:	Stoneridge AFC, LLC
Facility Address:	4825 Fruin Road Bellevue, MI 49021
Facility Telephone #:	(269) 758-3173
Application Date:	02/11/2013
Capacity:	20
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

02/11/2013	Enrollment
02/15/2013	Contact - Document Sent Rule & Act booklets
02/26/2013	Inspection Report Requested - Health Inv. #1021277
02/26/2013	Inspection Report Requested - Fire Fire Safety Plan
07/12/2013	Application Incomplete Letter Sent
05/09/2014	Inspection Completed-Env. Health : A
05/20/2014	Inspection Completed On-site
07/09/2014	Inspection Completed-BCAL Full Compliance
07/07/2014	Inspection Completed-Fire Safety : A
07/09/2014	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a newly constructed ranch-style building. It is located in Bellevue, Michigan in a rural area of Barry County.

The furnaces and hot water heaters are located on the lower level of the facility and was floor in an enclosed area was approved by the Bureau of Fire Services on 07/03/2014. The facility is equipped with an interconnected hardwire smoke detection system and a sprinkler system giving full coverage to the facility. An approved Environmental Health Inspection was completed at the facility on 05/09/2014.

The main entrance to the facility is at grade and the facility is wheel chair accessible. There are additional wheel chair accessible exits at the north and south ends of the facility.

The facility has two half-baths on the north side of the facility. The facility has two half-baths on the south end of the facility. The facility has three full bath rooms for resident use in the facility. The facility also has a beauty salon on-site for resident use.

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

North End

Location	Square Footage	Number of Residents
Room 1	143 sq. ft.	1
Room 2	145 sq. ft.	1
Room 3	224 sq. ft.	2
Room 4	136 sq. ft.	1
Room 5	140 sq. ft.	1
Room 6	136 sq. ft.	1
Room 7	224 sq. ft.	1
Room 8	145 sq. ft.	1
Room 9	136 sq. ft.	1

South End

Location	Square Footage	Number of Residents
Room 10	143 sq. ft.	1
Room 11	136 sq. ft.	1
Room 12	224 sq. ft.	1
Room 13	145 sq. ft.	1
Room 14	147 sq. ft.	1
Room 15	140 sq. ft.	1
Room 16	145 sq. ft.	1
Room 17	224 sq. ft.	1
Room 18	136 sq. ft.	1
Room 19	140 sq. ft.	1

There is a large common area that measures 1680 square feet in the front of the facility that will be used for residents to visit with friends and family. The dining area measures 840 sq. ft. and provides adequate space for residents to eat meals. The kitchen area measures 840 sq. feet and has adequate space to prepare meals for residents.

This facility exceeds the minimum of 35 square feet of living space per resident requirement. Based on the above measurements, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The Licensee will provide 24 hour supervision, protection and personal care to residents. The program will provide supportive services, including Alzheimer's, dementia, hospice, long term care, respite or daycare to (20) male or female individuals aged 18 to 90+ in need of these services. The facility will provide Life enrichment activities such as guest entertainers, parties, theme meals, arts and crafts, exercise,

gardening and worship services for resident activities and recreation. The program will strive to identify, emphasize, build on a person's abilities, encourage independence, develop meaningful relationships, encourage community involvement and seek opportunities to celebrate life. An assessment plan will be completed for individuals and will be designed and implemented to meet each resident's personal care and social needs. Admission and discharge policies, program statement, refund policy, personnel policies and standard procedures for the facility were reviewed and accepted as written. Personal care and supervision services shall be implemented only by trained staff. The Licensee will assure the availability of transportation to medical appointments.

C. Applicant and Administrator Qualifications

The applicant is Stoneridge AFC, LLC which is a "Domestic Limited Liability Company" established in Michigan on 08/28/2012. The applicant submitted a financial statement establishing an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The Board of Directors for Stoneridge AFC, LLC has submitted documentation appointing Michelle Moore as Licensee Designee and Administrator of the facility. Michelle Moore is a Licensed Registered Nurse in the State of Michigan.

A licensing record clearance was conducted and found no LEIN convictions for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance statement documenting good health and current TB tests with negative results.

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 3 direct care staff members to 20 residents on the 1st shift, 3 direct care staff members to 20 residents on the 2nd shift, and 2 direct care staff members to 20 residents on the 3rd shift. In addition, the facility has an administrator who works 40 hours per week and is on-call 24 hours per day, a nurse who works 40 hours per week and is on call 40 hours per week, and 1 cook is on the 1st and 2nd shifts. The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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, L-1Identity Solutions™, and the related documents required to be maintained in each employee 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 volunteers and the retention schedule for all of the documents contained within the 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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving 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.

C. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care large group home with a capacity of 20 residents.



07/09/2014

Dawn Campbell
Licensing Consultant

Date

Approved By:



07/09/2014

Mary E Holton
Area Manager

Date