



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

September 2, 2014

Juanita Mininger  
Maple View Assisted Living, Inc.  
4396 S. Luce Road  
Ithaca, MI 48847

RE: Application #: AM290361746  
Maple View Assisted Living, Inc.  
4396 S. Luce Road  
Ithaca, MI 48847

Dear Mrs. Mininger:

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 12 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 N. Timm, Licensing Consultant  
Bureau of Children and Adult Licensing  
5303 S Cedar  
PO Box 30321  
Lansing, MI 48909  
(517) 899-5675

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM290361746
<b>Licensee Name:</b>	Maple View Assisted Living, Inc.
<b>Licensee Address:</b>	4396 S. Luce Road Ithaca, MI 48847
<b>Licensee Telephone #:</b>	(989) 875-3259
<b>Administrator</b>	Juanita Mininger
<b>Licensee Designee:</b>	Juanita Mininger
<b>Name of Facility:</b>	Maple View Assisted Living, Inc.
<b>Facility Address:</b>	4396 S. Luce Road Ithaca, MI 48847
<b>Facility Telephone #:</b>	(989) 875-3259
<b>Application Date:</b>	06/05/2014
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED

## II. METHODOLOGY

06/05/2014	On-Line Enrollment
06/05/2014	Application Incomplete Letter Sent 1326/Juanita.
06/05/2014	Contact - Document Sent Act&Rules.
06/09/2014	Inspection Completed-Env. Health : A
06/23/2014	Inspection Report Requested - Fire
06/23/2014	Contact - Document Sent Fire Safety string.
06/23/2014	Application Complete/On-site Needed
06/23/2014	File Transferred To Field Office Lansing.
07/02/2014	Application Incomplete Letter Sent
07/07/2014	Inspection Completed-Fire Safety : A
07/17/2014	Contact - Document Received Required facility documents received.
07/21/2014	Contact - Telephone call received from applicant. Answered questions and provided information on required documents
07/22/2014	Contact - Document Received document received from applicant. Admission Policy received.
07/22/2014	Contact - Document Sent Email sent with suggestions for required paperwork
07/23/2014	Contact - Document Received Updated required documents received
08/05/2014	Inspection Completed-BCAL Sub. Compliance
08/20/2014	Contact - Document Received CAP received for issues cited during 08/05/2014 inspection.
08/20/2014	Contact - Telephone call received from Merle Koehn. Information given.

08/26/2014

Inspection Completed-BCAL Full Compliance  
Previous CAP issues completed

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Maple View Assisted Living is located on a quiet country road in rural Ithaca, Michigan. The facility sits on acres of land some of which is used for gardens and a few livestock. The facility has ample parking for guests and staff members. The facility is shaped like an 'L' and is ranch style construction with aluminum siding and a finished basement. The main floor of the facility has nine resident bedrooms, two full bathrooms, one half-bathroom, a large living area, kitchen, dining area, office, laundry room, a large walk-in pantry, and an attached garage. Off of the main resident living area is a large outdoor deck available for residents to enjoy the weather and surroundings. There is also a small deck located off of Bedroom #9. All areas of the main floor, except the laundry room and garage, are available for resident use. Entry to the finished basement is gained through the garage. The finished basement has two bedrooms, small kitchen, small living area, and a full bathroom. This area will not be utilized by residents and is designated as an area for staff use only. The facility is wheelchair accessible with two wheelchair ramps located at the east and west ends of the facility. The facility utilizes private water and sewage systems and was last inspected by the Mid-Michigan Gratiot County Health Department on 06/09/2014. The facility received an 'A' rating at the time of that inspection.

The facility uses electric base board heating. The mechanical room houses the water heater and is located in the basement of the facility. The doors leading to the finished basement and the mechanical room are equipped with a 1-3/4 inch fire rated metal doors with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up. This system was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. The facility is not fully sprinkled and is not required to be fully sprinkled due to the license remaining in continuous effect at the time this license was recommended. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. The facility was inspected by the Bureau of Fire Services on 07/07/2014 and received full approval.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Room #1	13'0" x 12'7"	163.54 square feet	Two residents
Room #2	13'0" x 12'7"	163.54 square feet	Two residents
Room #3	13'0" x 12'7"	163.54 square feet	One resident
Room #4	13'0" x 12'7"	163.54 square feet	One resident
Room #5	9'0" x 12'7"	113.22 square feet	One resident
Room #6	9'6" x 12'7"	119.51 square feet	One resident
Room #7	9'6" x 12'7"	119.51 square feet	One resident
Room #8	10'0 x 12'7"	125.80 square feet	One resident
Room #9	12'2 x 12'7"	153.10 square feet	Two residents
Main living/dining area	31'0" x 20'0"	620 square feet	
Small living area	20'9" x 18'6"	383.88 square feet	

The indoor living and dining areas measure a total of 1,004 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to twelve male and/or female residents who are aged and require minimal individual assistance with personal care tasks. Potential residents must also be able to assist with transferring if the resident uses a wheelchair on a regular basis. The program will include social interaction with staff members and volunteers, games, puzzles, music, singing, reading, and outdoor enjoyment. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including schools and library, shopping centers, and churches. The applicant plans to support and encourage visits from family and friends. These resources provide an environment to enhance the quality of life of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is Maple View Assisted Living, Inc., which is a “Non Profit Corporation”, established in Michigan 05/30/2014. 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 purchased an existing licensed AFC facility, which is currently providing AFC to residents and is an established successful business.

The Board of Directors of Maple View Assisted Living, Inc. has submitted documentation appointing Juanita Mininger as licensee designee and administrator for this facility.

A criminal history background check and fingerprint of Juanita Mininger, who serves as both the licensee designee and administrator, was completed and she was determined to be of good moral character to provide licensed adult foster care. Juanita Mininger also submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Juanita Mininger provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. Mininger is a registered nurse and is currently working as the charge nurse of a rehabilitation unit in the local area. Mrs. Mininger also continues to work as the administrator of the AFC facility this applicant is purchasing. Mrs. Mininger has been a direct care staff member for the past nine years at this facility and recently became administrator. She is familiar with and knowledgeable of physical and cognitive issues experienced by individuals who are aging. Documentation of required trainings was reviewed and is located in the facility file.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of one staff for 12 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 has 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 acknowledges 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

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 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 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 the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge 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 of the 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 of the resident’s 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 be 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 group home with a capacity of 12 residents.



09/02/2014

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Dawn N. Timm  
Licensing Consultant

Date

Approved By:



9/2/14

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Betsy Montgomery  
Area Manager

Date