



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

September 23, 2015

Robert Cretsinger  
Cretsinger Care Homes Ltd  
P O Box 279  
Battle Creek, MI 49016-0279

RE: Application #: AM130361588  
Pennfield Premier Living South  
632 North Avenue  
Battle Creek, MI 49017

Dear Mr. Cretsinger:

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 10 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) 356-0584.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 251-9037

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM130361588
<b>Applicant Name:</b>	Cretsinger Care Homes Ltd
<b>Applicant Address:</b>	P O Box 279 Battle Creek, MI 49016-0279
<b>Applicant Telephone #:</b>	(269) 721-3792
<b>Administrator/Licensee Designee:</b>	Robert Cretsinger
<b>Name of Facility:</b>	Pennfield Premier Living South
<b>Facility Address:</b>	632 North Avenue Battle Creek, MI 49017
<b>Facility Telephone #:</b>	(269) 721-3792
<b>Application Date:</b>	05/27/2014
<b>Capacity:</b>	10
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

## **II. METHODOLOGY**

05/27/2014	Enrollment
06/02/2014	Inspection Report Requested - Health 1023068
06/02/2014	Inspection Report Requested – Fire
06/02/2014	Contact - Document Sent Rule & ACT Books
06/02/2014	File Transferred To Field Office Kalamazoo
01/08/2015	Application Incomplete Letter Sent
08/10/2015	Inspection Completed-Env. Health : A
08/25/2015	Inspection Completed On-site
08/25/2015	Inspection Completed-BCAL Full Compliance

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

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

Pennfield Premier Living South is a totally renovated one-story home in an urban area of Battle Creek. This is a mixed residential and commercial area within close proximity to a hospital, stores, recreational activities, and restaurants. The main level to the home has a large common area, activity room and dining room. There are three barrier-free bathrooms. One bathroom has a roll-in shower which provides ample space for assisted showering. There are 9 bedrooms, one designed for double occupancy. The kitchen is fully equipped, however meals will be hot carted to the dining room from a larger kitchen in an attached home. The facility was inspected and approved by the local health authority. There is a basement not accessible to residents which houses the mechanical, electrical and heating systems and will provide storage and laundry facilities. The basement is separate from the main level of the home by a door with a 1 hour-fire-resistance rating with a 1-3/4 inch solid core (equivalent) door in a fully stopped frame, equipped with an automatic, self-closing device and positive-latching hardware. The home is completely barrier free and wheelchair accessible. There are two approved emergency exits from the main level of the home leading directly to ground level onto concrete. The home has three separate zones with separate thermostats for gas-fired, forced-air heating and the entire facility is air-conditioned. The home has municipal water and sewer and a private contract for trash removal. The facility is equipped with an approved pull station alarm system and is fully sprinkled, as required. The facility was inspected and approved by the Bureau of Fire Services.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
200	11' 7 ½" x 9' 5 ½"	120	1
201	11' 7 ½" x 9' 5"	133	1
202	9' 7 ½" x 9' 10 ½"	138	1
203	11' 7 ½" x 7' 8"	89	1
204	11' 7 ½" x 7' 5 ½"	95	1
215	11' 7 ½" x 7' 8"	89	1
205	11' 3" x 13' 11"	160	2
206	11' 3 ½" x 10' 0 ½"	109	1
207	11' 3 ½" x 10' 11 ½"	123	1

The living, dining, and sitting room areas measure a total of 867 square feet which exceeds the 35 SF per person requirement.

Based on the above information, it is concluded that this facility can accommodate 10 male or female residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **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 ten (10) male or female ambulatory adults whose diagnosis is developmentally disabled, physically handicapped or aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents from Centracare on a private payment basis.

The licensee will provide all transportation for program and medical needs at no extra charge to residents. The home has a large van equipped with a wheelchair lift. The facility will make provisions for a variety of leisure and recreational equipment and in-house activities.

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

The applicant is Cretsinger Care Homes, LTD, which is a for profit corporation which was established in Michigan, on 10/18/1994. Cretsinger Care Homes have owned and operated five other AFC homes in the Calhoun County area with five others currently licensed. 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 Board of Directors of Cretsinger Care Homes, LTD, have submitted documentation appointing Robert Cretsinger as Licensee Designee for this facility and Renee Kelley 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 and current TB negative results.

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 10-bed facility is adequate and includes a minimum of one-staff to 10 residents per shift, including during sleeping hours. The home manager and assistant manager will be on-site during a few daytime shifts and will be in addition to direct care staff. The home will provide transportation to appointments and opportunities for activities and outings. The applicant acknowledges that the staff-to-resident ration will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will they 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 acknowledges 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.milcpartnership.org](http://www.milcpartnership.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 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 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intent 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 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.

#### **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 six-month temporary license to this adult foster care Medium group home (capacity 10).



09/22/2015

Michele Streeter  
Licensing Consultant

Date

Approved By:



09/23/2015

Jerry Hendrick  
Area Manager

Date