



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 15, 2016

Dustin Burritt  
Grand Vista Living, LLC  
99 Vista Drive  
Coldwater, MI 49036

RE: Application #: AL130363312  
Grand Vista Of Marshall  
208 Winston Drive  
Marshall, MI 49068

Dear Mr. Burritt:

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 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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Donna Konopka".

Donna Konopka, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5050

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL130363312

**Licensee Name:** Grand Vista Living, LLC

**Licensee Address:** 99 Vista Drive  
Coldwater, MI 49036

**Licensee Telephone #:** (517) 227-5225

**Administrator/Licensee Designee:** Dustin Burritt

**Name of Facility:** Grand Vista Of Marshall

**Facility Address:** 208 Winston Drive  
Marshall, MI 49068

**Facility Telephone #:** (517) 227-4055

**Application Date:** 07/16/2014

**Capacity:** 20

**Program Type:** AGED

## II. METHODOLOGY

07/16/2014	On-Line Enrollment
07/29/2014	Inspection Report Requested - Health 1023277
07/29/2014	Inspection Report Requested - Fire
07/29/2014	Contact - Document Sent Rule & ACT Books
02/12/2015	Contact - Document Received 1326's for James Maxson & Dustin Burritt
02/12/2015	Licensing Unit file referred for criminal history review 1326 for Dustin Burritt
02/17/2015	File Transferred To Field Office Kalamazoo
02/20/2015	Application Incomplete Letter Sent
08/10/2015	Contact - Telephone call received Dustin Burritt called to report the construction on the facility will not be completed until Dec 2015 or Jan 2016 due to some changes required by BFS. He will keep me informed of the progress towards completion.
01/19/2016	Contact - Telephone call received Mr. Burritt called to discuss policy/program statements; he also reported April 1st is the new target date for opening.
02/03/2016	Inspection Completed On-site Construction still in progress; measured bedroom and reviewed policy documents.
05/13/2016	Inspection Completed On-site Awaiting approvals from EH, BFS and an Occupancy permit
06/02/2016	Contact – Document Received Occupancy Permit received
06/03/2016	Inspection Completed – Environmental Health: A
06/09/2016	Contact – Document Received BFS – Full approval granted in email from Robert Breckell, Fire Safety Specialist

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is an L-shaped single story wood frame building located within the city of Marshall. Inside the L-shape they have designated an East Wing, South Wing and the Commons area. Each wing has 10 resident bedrooms all designated for single occupancy. All rooms include a full bathroom with shower, a kitchenette area with sink, microwave and refrigerator. There are 3 distinct styles of bedrooms in each wing. The A style rooms have living room area that is separate from the sleeping area; B and C style rooms are the more traditional bedrooms. The kitchen and dining area are located in the south section of the Common area and the living room is located in the central area between the two wings. There is a family room and spa located in the South Wing and the medication room, laundry and pantry areas are located in the East Wing. The facility is wheelchair accessible as all exits are at ground level.

The gas furnace and water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The partial basement is located in the center of the facility. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout the facility. The Bureau of Fire Services gave the facility a full project approval on 06/09/2016. The Fire Safety Specialist confirmed approval in an email, stating the full report would follow.

The Calhoun Co. Environmental Health Department gave the facility an A rating on 06/03/2016. The facility is on public water and sewage systems.

The facility was granted an Occupancy Permit on 05/27/2016.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
East Wing			
A style – 4 rooms	13'6" x 12'6" + 7 x 2'6" + 11'10" x 11'6"	410	1
B style - 2 rooms	11'2" x 15'4" + 6'7" x 1'3"	245	1
C style 4 rooms	13'6" x 12'11" + 6'8" x 8'10"	232	1
South Wing			

A style - 4 rooms	12' x 12'6" + 7'3" x 7' + 11'10" x 12'8"	377	1
B style – 2 rooms	11'4" x 15'7" +6'8" x 11'3"	250	1
C style – 4 rooms	13'6" x 12'11" + 6'8" x 8'9"	232	1

The Common area and dining room areas measure a total of 2034 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate 20 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 20 male or female ambulatory adults who are aged in the least restrictive environment possible. The program will include social interaction and community activities. A personal behavior support plan will be designed and implemented for each resident’s social and behavioral needs. The applicant intends to accept private pay individuals as a referral source.

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.

The licensee will provide all transportation as identified in the Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

**C. Applicant and Administrator Qualifications**

The applicant is Grand Vista Living, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 09/17/2016. 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 members of Grand Vista Living, L.L.C. have submitted documentation appointing Dustin Burritt as Licensee Designee and as Administrator for the facility.

A background check was completed with no exclusionary findings found for Mr. Burritt. Mr. Burritt submitted a statement from a physician documenting his good health and current TB negative results.

Mr. Burritt has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. He is currently the licensing designee and administrator for a similar 20 bed adult foster care home for the elderly in Branch County.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 2 staff to 20 residents per shift during wake hours and 1 to 20 during hours of sleep (10 pm to 7 am). The applicant acknowledges that the staff to resident ratio 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 this facility 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 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)) 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 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 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 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends 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 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 their 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

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

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care large group home (capacity 20).

*Donna Konopka*

06/14/2016

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Donna Konopka  
Licensing Consultant

Date

Approved By:

*Betsy Montgomery*

6/15/16

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Betsy Montgomery  
Area Manager

Date