



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 6, 2016

Sandra Thompson  
Stonewood Senior Homes LLC  
470 Baltimore NE  
Grand Rapids, MI 49503

RE: Application #: AM410381774  
Stonewood Senior Homes #4  
470 Baltimore NE  
Grand Rapids, MI 49503

Dear Mrs. Thompson:

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 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Grant Sutton".

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Grant Sutton, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4437

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM410381774

**Applicant Name:** Stonewood Senior Homes LLC

**Applicant Address:** 470 Baltimore NE  
Grand Rapids, MI 49503

**Applicant Telephone #:** (616) 437-2260

**Administrator/Licensee Designee:** Sandra Thompson, Designee

**Name of Facility:** Stonewood Senior Homes #4

**Facility Address:** 470 Baltimore NE  
Grand Rapids, MI 49503

**Facility Telephone #:** (616) 437-2260

**Application Date:** 02/29/2016

**Capacity:** 12

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
Alzheimer's

## II. METHODOLOGY

02/29/2016	Enrollment
03/22/2016	Inspection Report Requested - Health 1025508
03/22/2016	Inspection Report Requested - Fire
03/23/2016	Contact - Document Sent Fire Safety String
03/23/2016	Application Incomplete Letter Sent Sandra's 1326 sent back for signature
04/01/2016	Contact - Document Received Completed 1326 for Sandra Thompson
04/04/2016	File Transferred To Field Office Grand Rapids
09/27/2016	Inspection Completed-BCHS Sub. Compliance
09/27/2016	Confirming letter sent
10/04/2016	Inspection Completed-Fire Safety: A
10/05/2016	Inspection Completed-BCHS Full Compliance Re-inspection

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a multi-level home located at the end of a private road in Northeast Grand Rapids, overlooking a parklike yard. The well-appointed main floor consists of three resident bedrooms, two full bathrooms, a living room, dining room, kitchen and a laundry room. The upper level consists of two resident bedrooms, sitting room, a full bathroom, and an apartment that is currently used by the licensee designee and her husband but will be used by staff in the future. The lower, walk-out level consists of five resident bedrooms, a sitting room with an eating area, one full bathroom, kitchenette area, a utility room, and a laundry room.

The gas furnace and hot water heater are located in the lower level with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The furnace & hot water heater are in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device

and positive-latching hardware. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
<b>Main Floor</b>			
1	14 ft. x 13'	182 sq. ft.	1
2	11' x 12'6"	145 sq. ft.	1
3	12'8" x 17'10'	230 sq. ft.	2
<b>Upper Level</b>			
4	12' x 12'	144 sq. ft.	1
5	12' x 12'	144 sq. ft.	1
<b>Lower Level</b>			
6	9'4" x 15'5"	143 sq. ft.	1
7	9'2" x 12'8"	116 sq. ft.	1
8	9'2" x 12'8"	116 sq. ft.	1
9	9'11" x 12'8"	125 sq. ft.	1
10	15'9" x 8'11"	140 sq. ft.	2

The living, dining, and multiple sitting room areas measure a total of 958 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 **twelve (12)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The home was previously licensed as Stonewood Senior Homes #4, license #AF410313866.

## **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 **twelve (12)** female adults whose diagnosis is developmentally disabled, mentally impaired, aged, and Alzheimer's in the least restrictive environment possible. Included with the Program Statement was an addendum for the Alzheimer's population. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs, as needed and as appropriate. The applicant intends to accept residents from Reliance, Area Agency on

Aging, and 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, if one is assigned.

The licensee will assure the availability of transportation for program and medical needs. 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.

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

The applicant is Stonewood Senior Homes, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 06/29/2015. 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 Stonewood Senior Homes, L.L.C. have submitted documentation appointing Sandra Thompson as Licensee Designee for this facility and Sandra Thompson 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-tine 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 12 bed facility is adequate and includes a minimum of 2 staff -to- 12 residents per 1<sup>st</sup> & 2<sup>nd</sup> shift and 1 staff on 3<sup>rd</sup> shift. 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, if residents’ assessed needs require it.

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 residents' 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.

**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 (medium) group home (capacity 12).



10/06/2016

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Grant Sutton  
Licensing Consultant

Date

Approved By:



10/06/2016

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Jerry Hendrick  
Area Manager

Date