



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 06, 2016

Laurie Labie
Enriched Living, LLC
4768 Sunderland Drive N.E.
Sterling Heights, MI 48314

RE: Application #: AS410383295
Enriched Living
242 Highlander Dr. NE
Rockford, MI 49341

Dear Ms. Labie:

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 6 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 "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AS410383295 |
| Applicant Name: | Enriched Living, LLC |
| Applicant Address: | 4768 Sunderland Drive Sterling Heights, MI 48314 |
| Applicant Telephone #: | (616) 884-5117 (586) 295-1674 |
| Administrator/Licensee Designee: | Laurie Labie, Designee |
| Name of Facility: | Enriched Living |
| Facility Address: | 242 Highlander Dr. NE Rockford, MI 49341 |
| Facility Telephone #: | (616) 884-5117 |
| Application Date: | 06/10/2016 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED |

II. METHODOLOGY

| | |
|------------|---|
| 06/10/2016 | Enrollment |
| 06/16/2016 | Application Incomplete Letter Sent Corporation Paperwork |
| 07/06/2016 | Contact - Document Received Verification of Valid Corporation |
| 07/06/2016 | File Transferred To Field Office Grand Rapids |
| 07/06/2016 | Contact - Document Sent Rule & ACT Books |
| 07/11/2016 | Contact - Document Received Received a copy of the original application. |
| 07/14/2016 | Contact - Document Received I received the file on 07/14/2016. |
| 07/20/2016 | Contact - Document Sent I sent the incomplete application letter to the applicant Enriched Living LLC. |
| 07/20/2016 | Contact - Telephone call made On 07/20/2016 I called the telephone number on the application (616) 884-5117 and a message stated that the phone did not have a message system. |
| 07/20/2016 | Contact - Document Received Email from Dana Trieweller. |
| 08/11/2016 | Contact - Document Received Ms. Labie, who represents the Corporation hand delivered: General Policies and Procedures, Disaster Preparedness Plan, 24-Hour Resident Care Policy, Resident Care, Services, and Records, Protected Personal Information, Enriched Living, LLC House Rules, Adult Foster Care Worker Qualifications, and Organizational Chart. |
| 08/11/2016 | Contact - Document Received Floor Plan. |
| 10/14/2016 | Inspection Completed On-site |

| | |
|------------|---|
| 10/27/2016 | Contact - Document Received Received an updated floor plan and a budget. |
| 10/28/2016 | Contact - Document Received Laurie called me with a questions. |
| 11/07/2016 | Contact - Document Received Received Menus. |
| 11/07/2016 | Inspection Completed On-site |
| 11/07/2016 | Contact-Document Received An email with monthly menus attached. |
| 11/09/2016 | Contact-Document Received A email with a physical for Ms. Labie. |
| 11/14/2016 | Contact-Document Received An email with the board meeting minutes appointing Ms. Labie as Licensee Designee and Administrator. |
| 11/27/2016 | Contact-Document Received An email explaining that the company for the smoke alarms were coming on 11/28/2016. |
| 11/28/2016 | Contact-Document Received An email with an attachment of Fire Fighter Sales & Service which stated that eight new FireX Smoke Alarms had been installed in the home. |
| 11/28/2016 | Contact –Document Received An email with the Smoke Detector Report that indicated where the Eight Smoke Detectors had been installed. |
| 11/29/2016 | Contact –Document Received An email with an attached Program Statement. |
| 12/02/2016 | Inspection Completed On-site I met Fire Fighter Sales & Service, Dean Brewer, CET and he set off the fire alarms and showed me the battery backup for the smoke detectors. |
| 12/02/2016 | Contact –Document Received Information from Fire Fighter Sales & Service. |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The ranch style home has been tastefully decorated, and is located in a residential subdivision of Rockford, Michigan. The home has an attached two stall garage with direct entrance from the home. The home has a well-groomed front lawn. The home has a small porch. There is an entryway to the living room. The large back yard faces a wooded area. There is an enclosed wooden deck directly off the dining area. The lower level contains direct access to the back yard, which includes a patio. The home is located close to restaurants, and stores for shopping. The home is also close to the 131 expressway.

The main floor consists of a living room, kitchen, dining room, two full bathrooms, a laundry area and two private resident bedrooms and one semiprivate bedroom. The lower floor contains two private resident bedrooms, a full bathroom, an office, a lounge area (living room), a utility room, an enclosed furnace room and areas of storage.

The home is not wheelchair accessible and has two (2) approved means of egress from the first floor. The lower level has two (2) means of egress. One exit leads directly to the outside and the other is the stair case to the main floor. The home will utilize public water and sewage system.

The gas furnace and hot water heater are located in the lower level in a room that is constructed of materials that provides 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. Located at the bottom of the stairs is a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware to establish a floor separation. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| #1 | 13' X 11' 3" | 146.25 | 1 |
| #2 | 11' 8" X 11' 3" | 131.175 | 1 |
| #3 | 14' X 11' 3" | 157.5 | 2 |
| #4 | 13' 3" X 11' 3" | 149.0625 | 1 |
| #5 | 11' 8" X 11' 3" | 131.175 | 1 |

The two living rooms and the dining room areas measure a total of 971.22 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 six (6) 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 six (6) male ambulatory adults whose diagnosis is developmentally disabled in the least restrictive environment possible. 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. The applicant intends to accept residents from Kent County-DHHS, Kent County CMH (network 180) or other Community Mental Health agencies in other counties, as a referral source or private pay individuals.

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 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 Enriched Living L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 04/16/2016. 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 Enriched Living L.L.C. have submitted documentation appointing Laurie Labie as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator, who are one in the same. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/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 6 bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per 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.

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) 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.

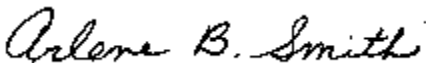
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 small group home (capacity 6).



12/05/2016

Arlene Smith
Licensing Consultant

Date

Approved By:

A handwritten signature in blue ink, appearing to read "Jerry Hendrick".

12/05/2016

Jerry Hendrick
Area Manager

Date