



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

March 27, 2017

Jeffrey Shepard
Elder Ridge Manor II, LLC
PO Box 518
Stockbridge, MI 49285

RE: Application #: AL330380274
Elder Ridge Manor II, LLC
4101 Oakley Road
Stockbridge, MI 49285

Dear Mr. Shepard:

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 cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330380274
Licensee Name:	Elder Ridge Manor II, LLC
Licensee Address:	4101 Oakley Road Stockbridge, MI 49285
Licensee Telephone #:	(517) 851-7501
Licensee Designee:	Jeffrey Shepard
Administrator:	Jennifer Flores
Name of Facility:	Elder Ridge Manor II, LLC
Facility Address:	4101 Oakley Road Stockbridge, MI 49285
Facility Telephone #:	(517) 851-7501
Application Date:	11/05/2015
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

11/05/2015	On-Line Enrollment
11/12/2015	Inspection Report Requested - Health Inv. #1025027
11/12/2015	Inspection Report Requested - Fire
11/12/2015	Contact - Document Sent Fire Safety String
11/12/2015	Contact - Document Sent Rules & Act booklets
11/12/2015	Application Incomplete Letter Sent Rec cl's for Jeffrey & Jennifer
08/18/2016	Contact - Document Received Rec cl's for Jeff & Jennifer
08/18/2016	Lic. Unit file referred for background check review Jeff
09/02/2016	Application Incomplete Letter Sent
11/15/2016	Inspection Completed- Env. Health: A
12/06/2016	Inspection Completed- Fire Safety: A
01/30/2017	Application Complete/On-site Needed
02/07/2017	Inspection Completed On-site
02/07/2017	Inspection Completed-BCAL Full Compliance
02/13/2017	Floor plan received
02/21/2017	Alzheimer's Statement Received
03/07/2017	Contact- telephone call to Jeff to obtain additional information.
03/12/2017	Program types defined
03/20/2017	Licensee qualifications received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Elder Ridge Manor II is a ranch style construction that is located in the rural city of Stockbridge, Michigan. The facility is a single story construction and contains ten resident bedrooms, four resident bathrooms, one non-resident bathroom, a dining area, kitchen, food storage area, large living room, main office, staff office, physical therapy room, laundry/utility room and attached garage. The facility is wheelchair accessible and has six approved means of egress that is equipped with a ramp from the first floor. The facility utilizes private water supply and private sewage disposal system. The Ingham County Environmental Health Department completed an inspection on 09/07/2016 and again on 11/15/2016 and determined the facility to be in substantial compliance with all applicable rules.

The facility is equipped with an electric furnace and the water heater, both are located in a separate room in the garage. The facility has three Amana forced air furnaces, three AO Smith Vortex water heaters that are used for both domestic water and the hydronic in-floor heat system. For fire protection, the building is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and a sprinkler system. Both of these systems are monitored and maintained by an outside monitoring company. A 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware is separating the equipment room from the garage. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
114	14'-0" x 14'-0"	196	2
115	14'-0" x 14'-0"	196	2
116	14'-0" x 14'-0"	196	2
117	14'-0" x 14'-0"	196	2
118	14'-0" x 14'-0"	196	2
122	14'-0" x 14'-0"	196	2
123	14'-0" x 14'-0"	196	2
124	14'-0" x 14'-0"	196	2
125	14'-0" x 14'-0"	196	2
126	14'-0" x 14'-0"	196	2
Living Room	30'.6" x 40'-0	1,224	0
Formal Living Room/Foyer	14'-0" x 30'-0"	420	0

Physical Therapy Room	14'.9" x 14'-0"	208.60	0
Dining Room	23'-0" x 24'-0"	552	0

The indoor living and dining areas measure a total of 9,040 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate twenty 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 twenty (male and/or female) residents who are aged, mentally ill, and/or developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; and transportation. The applicant intends to accept referrals from Ingham County DHHS, Veterans Administration or 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 the library, parks, churches, restaurants, shopping centers, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Elder Ridge Manor II L.L.C., a "Domestic Limited Liability Company", established in Michigan on July 9, 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 Elder Ridge Manor II, L.L.C. have submitted documentation appointing Jeffery Shepard as licensee designee for this facility and Jennifer Flores as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The licensee designee, Jeffery Shepard has eighteen years of experience working with the developmentally disabled, aged and mentally ill populations assisting with activities of daily living, meal preparation/serving, medication administration and supervising outings within the community. Mr. Shepard completed sixteen hours of annual training through the Toolbox Training organization and by attending trainings provided by Community Mental Health. Administrator Jennifer Flores has worked with the aged population for fifteen years and the mentally ill and developmentally disabled populations for nine years when she became a direct care staff member at an adult foster care facility in 2008. Ms. Flores also has three years of experience as an AFC administrator. She has taken college classes at Baker College and obtains her sixteen hours of annual training through the Toolbox Training organization.

The staffing pattern for the original license of this twenty bed facility is adequate and includes a minimum of two staff for twenty residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 acknowledge 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) 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.

I. **RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care facility with a capacity of twenty residents.

Julie Elkins

03/27/2017

Julie Elkins
Licensing Consultant

Date

Approved By:

Dawn Timm

04/05/2017

Dawn N. Timm
Area Manager

Date