



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 20, 2017

Paul Wyman
Retirement Living Management of Cedar Springs, LLC
1845 Birmingham
Lowell, MI 49331

RE: Application #: AL410384428
Green Acres of Cedar Springs
420 Main Street

Dear Mr. Wyman:

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 (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 #: AL410384428

Applicant Name: Retirement Living Management of Cedar Springs, LLC

Applicant Address: 1845 Birmingham
Lowell, MI 49331

Applicant Telephone #: (616) 897-8000

Administrator/Licensee Designee: Paul Wyman, Designee
Melissa Collins, Administrator

Name of Facility: Green Acres of Cedar Springs

Facility Address: 420 Main Street
Cedar Springs, MI 49319

Facility Telephone #: (616) 439-3213

Application Date: 08/12/2016

Capacity: 20

Program Type: AGED

II. METHODOLOGY

08/12/2016	Enrollment
08/18/2016	Inspection Report Requested - Fire
08/18/2016	Contact - Document Sent Fire Safety String & Rule/ACT Books
08/18/2016	Application Incomplete Letter Sent Page 3 of application and Paul Wyman's 1326 sent back for signature/date
08/18/2016	Lic. Unit file referred for background check review Red Screen AL340260454
09/02/2016	Contact - Document Received Completed application and 1326 for Paul Wyman
09/06/2016	File Transferred To Field Office Grand Rapids
11/02/2016	Comment The file was transferred from Licensing Consultant Rebecca Piccard to Licensing Consultant Arlene B Smith on this date 11/02/2016
03/13/2017	Contact –Document Received Request for variance for room furnishings.
03/14/2017	Inspection Completed-Fire Safety : A Project 153862. RE: New 20 unit assisted living facility. A final fire safety inspection was completed.
05/30/2017	Contact - Document Received Received an email from Cori Boersma, Administration of Retirement Living Management. Attached was an unsigned Zoning letter (City of Cedar Springs), The Licensee Designee (Paul Wyman) Medical Clearance dated 07/14/2016 but no TB results and the AFC/HFA Licensing Record Clearance Request State of Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems BCAL-1326 A undated, Melissa Collins as Administrator.
05/30/2017	Contact - Document Received Email received from Cori Boersma, stating she had the original zoning letter which was signed but the letter only had one license number on it therefore she had requested that the letter be

	updated to include both addresses. She stated that the revised zoning letter is the one that did not get endorsed by the interim City Manager Barb VanDuren. She stated that had contacted the City of Cedar Springs and left a message for the newly appointed City Manager. She said she would get back to me.
05/30/2017	Contact - Document Received Email received from Cori Boersma, and she stated she had attached the completed record clearance form for Melissa Collins their Administrator at Cedar Springs. This form was the BCAL-1326A-NFP (Rev. 2-17) (Previous edition cannot be3 used...)
05/31/2017	Contact - Document Received Email received from Cori Boersma with an attachment from the City Manager's office which stated that the letter was to server as the confirmation that 420 & 426 South Main ST. Cedar Springs, MI 49319 is properly zoned B-1, Neighborhood Business, which allows Adult Foster Care facilities as a Special Land Use. The Special Land Use was approved by the City Planning Commission in March of 2016. The letter was signed by Mike Womackk, City Manager of Cedar Springs.
05/31/2017	Contact - Document Sent I sent an email to Cori Boersma requesting a current physical and TB results on the Licensee Designee, Paul Wyman.
06/01/2017	Inspection Completed On-site
06/01/2017	Contact - Face to Face I requested the letter from the owner of the property be corrected as related to the Cedar Springs Facility.
06/06/2017	Contact - Document Received Email received from Cori Boersma with attachments: Medical Clearance Request on Paul Jason Wyman, the Licensee Designee.
06/08/2017	Contact - Document Received Email received from Cori Boersma: She attached the two Record Clearance Request from Melissa Collins, BCAL-1326-A and BCAL-1326-NFP.
06/15/2017	Contact – Document Sent I sent Cori Boersma an email requesting the Least Agreement for the facility.

06/16/2017	Contact – Document Received Real Estate Lease
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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is of a new ranch style construction and beautifully decorated. It sits on a cement pad, and consists of one floor, which is handicapped accessible located in the city of Cedar Springs. The home does not have a basement or a second floor. All 20 rooms are private. The Facility has located ten resident bedrooms on the West side of the facility and ten resident bedrooms on the East side of the facility which are arranged which have large corridors. Among the twenty resident bedrooms, the facility has six “Deluxe” bedrooms which are larger than the “typical” resident room. The facility has one barrier free bedroom. Each resident room has a designated bedroom, a living room, a kitchenette and a bathroom. This facility has a large entry way, a full kitchen with a pantry, a café, a dining room, two activity rooms, an administrative office, two additional offices, a beauty shop, a nurse’s station, two storage rooms, a break room, a laundry room, a large bathing room, a ½ bathroom, a break room, a service corridor, and an enclosed mechanical room. There are two attached porches and a patio located between the two resident hall ways. The home has two approved means of egress. The home will utilize public water and public sewage. .

This facility is connected to Green Acres of Cedar Springs II License # AL410384427.

The boiler and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1 and 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 sprinkled system installed throughout the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 101 Typical	18’ x 12’ plus 8’ 10”	302.64	1
#102 Typical	18’ x 12’ plus 8’ 10”	302.64	1
# 103 Typical	18’ x 12’ plus 8’ 10”	302.64	1
# 104 Typical	18’ x 12’ plus 8’ 10”	302.64	1
# 105 Typical	18’ x 12’ plus 8’ 10”	302.64	1
# 106	18’ x 12’ plus 8’	302.64	1

Typical	10"		
# 107 Deluxe	20' x 12' plus 8' x 12' 10"	342.64	1 or 2 Possible couple
# 108 Deluxe	20' x 12' plus 8' x 12' 10"	342.64	1 or 2 Possible couple
# 109 barrier free	18' x 12' plus 8' 10"	302.64	1
# 110 Typical	18' x 12' plus 8' 10"	302.64	1
# 111 Typical	18' x 12' plus 8' 10"	302.64	1
# 112 Typical	18' x 12' plus 8' 10"	302.64	1
# 113 Deluxe	20' x 12' plus 8' x 12' 10"	342.64	1 or 2 Possible couple
# 114 Typical	18' x 12' plus 8' 10"	302.64	1
# 115 Deluxe	20' x 12' plus 8' 10"	342.64	1 or 2 Possible couple
# 116 Typical	18' x 12' plus 8' 10"	302.64	1
# 117 Deluxe	20' x 12' plus 8' x 12' 10"	342.64	1 or 2 Possible couple
# 118 Typical	18' x 12' plus 8' 10"	302.64	1
# 119 Deluxe	20' x 12' plus 8' x 12' 10"	342.64	1 or 2 Possible couple
# 120 Typical	18' x 12' plus 8' 10"	302.64	1

The dining room, along with two activity rooms measured a total of 1,853.36 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 twenty (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 twenty (20) males or females who may use a wheelchair or be dependent on the use of a wheelchair. The resident's will be aged, 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 Private Pay residents but they will consider residents from Community Mental Health agencies or the local County-DHHS. They will consider the residents that are a part of the Medicaid Waiver Program.

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 assist in arranging 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 Retirement Living Management of Cedar Springs, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 06/10/2016, and is a "For Profit Corporation." 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 Retirement Living Management of Cedar Springs, L.L. C., have submitted documentation appointing Paul Wyman, Licensee Designee for this facility and Melissa Collins, as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee, Paul Wyman, and the administrator, Melissa Collins. 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 20 bed facility is adequate and includes a minimum of 2 staff –to- 20 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 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) 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.

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 temporary license to this AFC adult large group home (capacity 20).



06/15/2017

Arlene B. Smith
Licensing Consultant

Date

Approved By:



06/20/2017

Jerry Hendrick
Area Manager

Date