



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

February 6, 2018

Brian Sheridan  
Grand Blanc Ventures, LLC  
1030 Lake Angelus Shores  
Lake Angelus, MI 48326

RE: Application #: AM250387480  
Dixie Lodge  
10483 Dixie Hwy  
Holly, MI 48442

Dear Mr. Sheridan:

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 (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(810) 931- 1092

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250387480
<b>Licensee Name:</b>	Grand Blanc Ventures, LLC
<b>Licensee Address:</b>	10483 Dixie Hwy Holly, MI 48442
<b>Licensee Telephone #:</b>	(810) 279-0027
<b>Licensee Designee:</b>	Brian Sheridan
<b>Administrator:</b>	Brian Sheridan
<b>Name of Facility:</b>	Dixie Lodge
<b>Facility Address:</b>	10483 Dixie Hwy Holly, MI 48442
<b>Facility Telephone #:</b>	(810) 279-0027
<b>Application Date:</b>	03/19/2017
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## **II. METHODOLOGY**

03/19/2017	On-Line Enrollment
03/28/2017	Application Incomplete Letter Sent RI030,1326AFP&NP/Brian.
03/28/2017	Contact - Document Sent Act&Rules.
03/31/2017	Contact - Document Received MedClr&TB/Brian.
04/03/2017	File Transferred To Field Office Flint.
01/18/2018	Application Complete/On-site Needed
01/25/2018	Inspection Completed On-site
01/25/2018	Inspection Completed: Env. Health: A
01/25/2018	Inspection Completed-BCAL Full Compliance
01/25/2018	Exit Conference
02/06/2018	Recommend License Issuance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

This facility is a newly constructed two story structure located in Holly, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is wheel chair accessible with two means of egress opening to ground level on both levels. The lower level of this facility is a “walk out” type level with less than 25% of the level below grade. This facility is adjacent to a physical rehabilitation facility also owned and operated by the applicant but both structures have separate entrances from the outside of the building. This facility is also equipped with an elevator which has been inspected and approved. This facility is owned by Grand Blanc Ventures LLC.

The hot water heater is located on the lower level and is housed in a mechanical room with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The furnace is also located on the lower level and proper floor separation is in place. 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.

The resident bedrooms are arranged as suites with a small kitchenette area. The bedrooms #1 and #3 on the main level have a shared bathroom, while bedroom #2, #4, and #5 have their own full bathroom. On the lower level, bedrooms #7 and #9 have a shared bathroom with all other bedrooms containing their own full bathroom. All of the resident bedrooms will be single occupancy. All the bedrooms and bathrooms have been constructed with the proper dimensions to accommodate residents who require the assistance of a wheel chair and have the following dimensions:

Location	Dimensions	Square Footage	Capacity
<b>Main floor</b>			
Bedroom Suite #1	14'8" X 14'11"	218.8	1
Bedroom Suite #2	14'6" X 13"	188.5	1
Bedroom Suite #3	14'8" X 14'11"	218.8	1
Bedroom Suite #4	14'6" X 13'	188.5	1
Bedroom Suite #5	14'6" X 13'	188.5	1
<b>Lower Floor</b>			
Bedroom Suite #6	14'6" X 13'	188.5	1
Bedroom Suite #7	14'8" X 13'	190.7	1
Bedroom Suite #8	14'6" X 13'	188.5	1
Bedroom Suite #9	14'8" X 13'	190.7	1
Bedroom Suite #10	14'8" X 13'8"	200.4	1
Bedroom Suite #11	16'6" X 11'	181.5	1
Bedroom Suite #12	14'8" X 14'6"	212.7	1
<b>Total Capacity = 12 residents</b>			

The living, dining, and sitting room areas on the main level measure a total of 800 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The lower level of this facility will house seven (7) residents and has a dining and living space totaling 400 sq. ft. also exceeding the minimum of 35 sq. ft. per resident.

Based on the above information, it is concluded that this facility can accommodate 12 residents. It is the applicant'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 **12** male and female adults whose diagnosis is physically handicapped or traumatic brain injury 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.

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 applicant 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 Grand Blanc Venture LLC, and the licensee designee is Brian Sheridan. Mr. Sheridan is a licensed physical therapist and has the required experience working with the populations of physically handicapped and traumatic brain injury to be designated as the licensee designee and administrator. 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.

A licensing record clearance request was completed with no criminal convictions recorded for Mr. Sheridan. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has 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. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 applicant, 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the applicant, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care medium group home with a capacity of 12 residents.



2/6/18

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Kent W Gieselman  
Licensing Consultant

Date

Approved By:



2/6/18

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Mary E Holton  
Area Manager

Date