



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

February 8, 2018

Laurie Labie  
Enriched Living, LLC  
242 Highlander Dr. N.E.  
Rockford, MI 49341

RE: Application #:	AS410390303 Enriched Living LLC 2006 Richview Ave NW Grand Rapids, MI 49534
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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,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS410390303
<b>Licensee Name:</b>	Enriched Living, LLC
<b>Licensee Address:</b>	242 Highlander Dr. N.E. Rockford, MI 49341
<b>Licensee Telephone #:</b>	(586) 295-1674
<b>Administrator/Licensee Designee:</b>	Laurie Labie, Designee
<b>Name of Facility:</b>	Enriched Living LLC
<b>Facility Address:</b>	2006 Richview Ave NW Grand Rapids, MI 49534
<b>Facility Telephone #:</b>	(616) 884-5117
<b>Application Date:</b>	09/07/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

09/07/2017	On-Line Enrollment
09/19/2017	Contact - Document Sent Rule & ACT Books
10/10/2017	Contact - Document Received 1326's for Laurie Labie & Jeffery Labie
10/10/2017	Application Incomplete Letter Sent SOS address discrepancy for Laurie Labie
10/25/2017	Contact - Document Received Revised application to change from AF to AS and Add'l \$40.00 payment (ck# 1012)
10/30/2017	File Transferred To Field Office Grand Rapids
11/08/2017	Contact - Face to Face Megan Aukerman gave original application to me for licensing.
11/09/2017	Application Incomplete Letter Sent
12/12/2017	Inspection Completed On-site
12/12/2017	Inspection Completed-BCAL Sub. Compliance
12/18/2017	Contact - Document Received Applicant dropped off facility documents to the office.
12/26/2017	Contact - Telephone call made Applicant, Laurie Labie, left message re: re-inspection.
12/26/2017	Confirming Letter Sent
01/30/2018	Inspection Completed On-site
01/30/2018	Inspection Completed-BCAL Sub. Compliance
02/05/2018	Contact - Document Sent Email with pics sent to area manager JH for review.
02/06/2018	Contact - Document Received Response from area manager JH, steps are acceptable but need to be maintained and snow/debris free for residents to exit. The wall surrounding the newly constructed door must be

	finished per AFC rules.
02/06/2018	Contact - Document Sent Info. to applicant L. Labie and Joe Wilcox.
02/07/2018	Confirming Letter Sent
02/07/2018	Contact-Document Received Door construction completed.
02/08/2018	Recommend License Issuance.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

This ranch style home located in a subdivision with similar style homes in the City of Walker and County of Kent has three resident bedrooms on the main floor of the home and two resident bedrooms on the lower level. Also on the main floor there are 2 full baths for resident use and one full bath on the lower level also for resident use. Upon entrance to the home from the front door is the main living area, dining area and kitchen. Upon entering the home from the garage door is the kitchen and the dining and living area beyond the kitchen. This home has 2 approved means of egress that are not equipped with a ramp for wheelchair use. This home is not wheelchair accessible and cannot accommodate resident's that use wheelchairs. This home utilizes public water and sewage from the City of Walker.

The gas furnace and electric hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at bottom of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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	12X10	120	1
2	10.5X10	105	1
3	13.33X13.58	181.02	2
4	11.50X14.83	170.54	1
5	10.83X14.83	160.60	1

The living, dining, and sitting room areas measure a total of 373 square feet of living space on the main floor and on the lower level 216 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 or female ambulatory adults whose diagnosis is developmentally disabled, aged or mentally impaired, 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 (or surrounding area DHHS and CMH) or 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.

The licensee will provide all transportation for program and medical needs unless otherwise documented on the Resident Care Agreement. 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 04/12/2016. 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 for this facility and Laurie Labie as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The 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. 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](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 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.

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).



02/08/2018

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Elizabeth Elliott  
Licensing Consultant

Date

Approved By:



02/08/2018

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Jerry Hendrick  
Area Manager

Date