



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 2, 2018

Lori Labrie
KJB Tenant Bay City LLC
1584 Charlotte CIR STE K
Naperville, IL 60564

RE: Application #:	AL090393451 Charter Senior Living at Bay City 1 568 North Pine Road Bay City, MI 48708
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Dear Ms. Labrie:

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 (810) 787-7031.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AL090393451
Applicant Name:	KJB Tenant Bay City LLC
Applicant Address:	1584 Charlotte CIR STE K NAPERVILLE, IL 60564
Applicant Telephone #:	(312) 401-2188
Administrator/Licensee Designee:	Lori Labrie
Name of Facility:	Charter Senior Living at Bay City 1
Facility Address:	568 North Pine Road Bay City, MI 48708
Facility Telephone #:	(989) 778-1713
Application Date:	03/27/2018
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/18/2018	Inspection Completed-Fire Safety : A
01/18/2018	Inspection Completed-Fire Safety : A Fire inspection completed aft facility under AL090377918.
03/27/2018	Enrollment
04/11/2018	Application Incomplete Letter Sent 1326/fps for LD
04/27/2018	Contact - Document Received signed 1326
04/30/2018	Lic. Unit file referred for background check review L. Labrie has a FP hit given to D. Campbell for further processing
05/01/2018	File Transferred To Field Office Saginaw
05/15/2018	Inspection Completed On-site Inspection completed concurrent with renewal for AL090377918.
05/15/2018	Inspection Completed-BCAL Sub. Compliance
05/21/2018	Application Incomplete Letter Sent
06/13/2018	Inspection Completed On-site Follow up inspection completed. Reviewed documentation and measured rooms.
06/13/2018	Inspection Completed- Env. Health A
07/25/2018	Confirming Letter Sent
07/25/2018	Inspection Completed- BCAL Full Compliance
07/31/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility, constructed in 2016 is a 15,000 square foot, craftsman style, single story twin twenty wood-sided building, built by the Neil DeShano Construction company. There is one main commercial kitchen on Charter Senior Living at Bay City 1 which will prepare food for these twin-twenty facilities. There is a smaller kitchen in the adjacent facility (Charter Senior Living at Bay City 2) which is equipped to prepare meals for up to 20 residents. Charter Senior Living at Bay City 1 has ample parking space and is at street level for easy access to residents and family members who may have physical disabilities. The hallways are 6.5 feet wide with railings on each side for ease of ambulation. The facility is located on the far East side of Bay City, close to medical services, shopping and public resources such as libraries, public transportation, and senior services. The McLaren Hospital is within two miles of the facility.

The home has been in ongoing operation as a licensed adult foster care home under a different corporate ownership.

The furnaces and four hot water heaters are located in the basement with a self-closing, 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of stairs, in a room that is constructed of material that has a 90-minute fire-resistance rating. The furnaces were inspected on 06/25/2018 and were determined to be fully operational. The building is equipped with a state of the art sprinkler system and with interconnected; hard wire smoke detection system, with battery backup. The smoke detectors were installed by a licensed electrician and are fully operational. The facility has an alarm system which will automatically alert the fire department in case of an emergency. The facilities are divided by a two-hour firewall, automatic self-closing fire doors in the resident hallways, and the heat ducts have closing devices in place that automatically close to prevent smoke travelling from one part of the building to another. The building is adequately supplied fire extinguishers throughout. The Office of Fire Safety gave an "A" rating on their inspection completed on 06/01/2018.

There are three different resident room designs in this facility. The "River" style room, has a full, private bathroom and a bedroom. The "Lake" has a small efficiency kitchen, full private bathroom, sitting area and bedroom. The "Bay" is an apartment style room with a small kitchenette, full bathroom, living room area, and a separate bedroom. There are four "Bay" style, four "Lake" style, and 12 "River" style resident rooms. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bay bedroom (1-4)	25.1' x 24' 10' x 12'	722 sq. ft.	1 resident per room (four of this model)
Lake Bedroom (5-8)	15.8' x 24'	379 sq. ft.	1 resident per room (four of this model)
River Bedroom (9-20)	13' x 24'	312 sq. ft.	1 resident per room (12 of this model)

The living, dining, and sitting room, salon, and spa room areas measure a total of 1, 744 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. There is also an extra apartment room which will be used for storage, not for resident use.

Based on the above information, it is concluded that this facility can accommodate **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 **20** male or female ambulatory adults, ages 55 and older whose diagnosis is aged, mentally ill, developmentally disabled, or physically handicapped, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Residents will be referred from: local hospitals, physicians, senior services, and public advertisements.

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 does not intend to provide long term care to residents who consistently require behavioral intervention.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. The facility has a spa and beauty salon in the facility. 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 KJB Tenant Bay City, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 02/27/2018. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of KJB Tenant Bay City, L.L.C. has submitted documentation appointing Lorie Labrie as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. 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 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 20-bed facility is adequate and includes a minimum of 2 staff –to- 20 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), L-1 Identity Solutions™ (formerly Identix ®), 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 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 licensee, 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 large group home (capacity 1 - 20).



07/31/2018

Shamidah Wyden
Licensing Consultant

Date

Approved By:



08/02/2018

Mary E Holton
Area Manager

Date