



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 11, 2018

Raul Presas
Maplewood Group AFC, LLC
2202 Marguerite Ave
Lansing, MI 48912

RE: Application #: AM230388711
Maplewood Group AFC LLC
11300 Columbia Hwy
Eaton Rapids, MI 48827

Dear Mr. Presas:

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 10 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 "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure



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

I. IDENTIFYING INFORMATION

License Application #: AM230388711

Licensee Name: Maplewood Group AFC, LLC

Licensee Address: 11300 Columbia Hwy
Eaton Rapids, MI 48827

Licensee Telephone #: (517) 927-7996

Administrator: Raul Presas

Licensee Designee: Raul Presas

Name of Facility: Maplewood Group AFC LLC

Facility Address: 11300 Columbia Hwy
Eaton Rapids, MI 48827

Facility Telephone #: (517) 663-4203
06/01/2017

Application Date:

Capacity: 10

Program Type: AGED
ALZHEIMERS



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II. METHODOLOGY

10/20/2016	Inspection Completed-Env. Health: A See AM230387125
06/01/2017	On-Line Enrollment
06/02/2017	Contact - Document Sent Rule & Act booklets
06/02/2017	Application Incomplete Letter Sent
06/23/2017	Contact - Document Received
08/11/2017	Application Incomplete Letter Sent Spoke to Mr. Presas regarding all documentation required as part of application. Emailed Mr. Presas Application Incomplete Letter.
11/21/2017	Inspection Completed-Fire Safety: A See AM230008127
03/15/2018	Contact - Document Received Received email from Mr. Presas with documents attached for review.
03/19/2018	Contact - Document Received Email received from Mr. Presas with additional documents needed per application incomplete letter.
04/12/2018	Contact - Document Sent Email exchange with Mr. Presas
04/13/2018	Contact - Telephone call made Spoke to Raul Presas. Additional documentation received via email. Onsite scheduled for 3/25/18.
04/23/2018	Contact - Document Sent Email exchange with Judy Hogle regarding environmental health and bfs reports.



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04/23/2018	Application Complete/On-site Needed
04/25/2018	Inspection Completed On-site
04/25/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Maplewood Group AFC is a bi-level home located in the city of Eaton Rapids, Michigan. The facility has a basement, lower level and upper level. The basement of the facility, which will not be accessible to residents, has two non-resident bedrooms, a full-size bathroom, office, and laundry room. The lower level of the facility has three resident bedrooms and a full-size bathroom that is designated for resident use. The upper level of the facility has seven resident bedrooms and one full-size bathroom that is designated for resident use. The upper level of the facility has two family rooms, one dining room, and a kitchen. The facility is wheelchair accessible and has one wheelchair ramps located on the lower level of the facility and one located on the upper level of the facility. The facility has eight stairs that connect the lower level from the upper level of the home, which also includes a fully functional stair lift. This cannot be used to house residents on the second level that require the regular use of an assistive mobility device. The facility utilizes private water supply and/or sewage disposal. The facility was inspected by the Barry-Eaton District Health Department on 5/14/2018 and was in substantial compliance with administrative rules.

The facility is equipped with alarm sensors on all exits doors, door chimes on all resident bedroom doors, in addition to name signs hanging on each resident bedroom door to assist residents' in remembering the location of their bedrooms. The facility has an open floor plan that allows staff the ability to have line of sight monitoring of residents that are occupying the common areas of the home.

The facility has a gas furnace, hot water heater, and water softener system that are all located in the basement of the home, in an enclosed room that is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility 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 have been installed near sleeping areas, on each occupied floor of the home, in the



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basement and near all flame or heat-producing equipment and is fully sprinkled. 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
1	134 x 121	112	1
2	134 x 118	109	1
3	134 x 129	120	1
4	134 x 96 x 82 x 20	100	1
5	134 x 103	95	1
6	134 x 109	101	1
7	134 x 122	113	1
8	158 x 95	104	1
9	130 x 124	111	1
10	139 x 94	90	1

The indoor living and dining areas measure a total of 533 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 10 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 10 male and/or female residents who are aged or who have Alzheimer's Disease or related conditions. The program will include a music therapy class that will offer singing, trivia questions, and repetition of information on current events, all designed to stimulate the thinking and memory process of residents. The facility will also provide social interaction, community access to local church events and activities, local baseball games in the community, in addition to weekly activities such as bingo, puzzles, and walks in the community. The facility is equipped with alarm sensors on all exits doors, door chimes on all resident bedroom doors, in addition to name signs hanging on each resident bedroom door to assist residents' in remembering the location of their bedrooms. The applicant intends to accept referrals from Eaton and Ingham County DHHS, Clinton, Eaton and Ingham County Community Mental Health, Veterans



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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 churches, baseball games, local parks/walking trails. 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 Maplewood Group AFC, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 4/3/2017. 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 Maplewood Group AFC, L.L.C. have submitted documentation appointing Raul Presas as licensee designee and administrator of the facility.

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

The applicant and administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Presas has been employed as a direct care staff at an adult foster care facility since August 2016. Mr. Presas reported that the primary population he works with at the adult foster care facility are aged and/or have a medical diagnosis of Alzheimer’s. Mr. Presas stated that as a direct care worker, he provides residents assistance with supervision, personal care, hygiene, medication administration, meal preparation, grocery shopping, and laundry. Mr. Presas reported that he has been working as a direct care work approximately two years and has the training and experience required to meet the qualification for licensure.

The staffing pattern for the original license of this 10-bed facility is adequate and includes a minimum of two staff for 10 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their



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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 acknowledges 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 acknowledges 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.



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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.



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IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 10).

Stephanie Gonzalez

6/27/2018

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

Dawn Timm

07/11/2018

Dawn N. Timm
Area Manager

Date