



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 27, 2018

Melissa Bentley  
Bentley Manor Inc  
P.O. Box 460  
Clio, MI 48420

RE: Application #: AS250387054  
Bentley Manor Assisted Living 2  
4148 W. Wilson Road  
Clio, MI 48420

Dear Ms. Bentley:

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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(517) 899-5659

Enclosure

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

**I. IDENTIFYING INFORMATION**

|   |   |
|---|---|
| <b>License Application #:</b>           | AS250387054   |
| <b>Applicant Name:</b>                  | Bentley Manor Inc   |
| <b>Applicant Address:</b>               | P.O. Box 460<br>Clio, MI 48420  |
| <b>Applicant Telephone #:</b>           | (810) 547-1763  |
| <b>Administrator/Licensee Designee:</b> | Melissa Bentley   |
| <b>Name of Facility:</b>                | Bentley Manor Assisted Living 2   |
| <b>Facility Address:</b>                | 4148 W. Wilson Road<br>Clio, MI 48420   |
| <b>Facility Telephone #:</b>            | (810) 640-8892  |
| <b>Application Date:</b>                | 02/14/2017  |
| <b>Capacity:</b>                        | 6   |
| <b>Program Type:</b>                    | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>ALZHEIMERS<br>TRAUMATICALLY BRAIN INJURED |

## II. METHODOLOGY

|            |   |
|------------|---|
| 02/14/2017 | Enrollment  |
| 02/23/2017 | Inspection Report Requested - Health 1026651.   |
| 02/23/2017 | Application Incomplete Letter Sent RI030,1326A/Melissa.   |
| 02/23/2017 | Contact - Document Sent Act&Rules.  |
| 03/08/2017 | Inspection Completed-Env. Health : A  |
| 03/16/2017 | File Transferred to Field Office Flint.   |
| 04/13/2017 | Application Incomplete Letter Sent  |
| 01/23/2018 | Contact - Document Received Received required paperwork from applicant.   |
| 05/24/2018 | Inspection Completed On-site  |
| 05/30/2018 | Inspection Report Requested - Health original health inspection has expired.  |
| 06/06/2018 | Inspection Completed-BCAL Sub. Compliance   |
| 06/08/2018 | Application Incomplete Letter Sent  |
| 07/12/2018 | Inspection Completed-Env. Health : A  |
| 07/18/2018 | Contact - Telephone call received Call from applicant stating corrective measures are completed and ready for reinspection. |
| 07/18/2018 | Application Complete/On-site Needed   |
| 07/24/2018 | Inspection Completed-BCAL Full Compliance   |
| 07/24/2018 | Recommend License Issuance  |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Bentley Manor Assisted Living 2 is a two-story vinyl sided home that is located on just over one-acre lot in Clio, MI. There is a large pole barn located behind the facility at the back of the property. The facility has a cement driveway for parking space for staff and visitors and parking is also available on the street in front of the facility. This property is currently owned by Bentley Properties, which is owned by the licensee designee, Melissa Bentley.

The main level of the home consists of a living room, kitchen, dining room, two full baths, sunroom, and six resident bedrooms. The facility has a total of three exits, two separate exits at the front and one in the rear of the facility. Both front exit/entrance are at grade, making this facility wheelchair accessible, and open to a covered cement patio area.

The second level of the facility consists of four bedrooms and one full bath. The entire second level will not be utilized as resident bedrooms and residents will not have access to it at this time.

The facility has two furnaces and one hot water heater, which are located in the basement of the facility and are separated from residents by a fully stopped, fire rated door that is equipped with an automatic self-closing device and positive-latching hardware. Also located in the basement is a washing machine and dryer for laundry. There is at least one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas.

The resident bedrooms and all living areas measured as follows:

|             |                                   |            |
|-------------|-----------------------------------|------------|
| Living Room | 17' 1" x 13' 1" = 223 square feet |            |
| Dining area | 18' x 13' 2" = 237 square feet    |            |
| Bedroom #1  | 10' 9" x 9' 7" = 103 square feet  | 1 resident |
| Bedroom #2  | 10' 9" x 9' 7" = 103 square feet  | 1 resident |
| Bedroom #3  | 10' 7" x 10' = 105 square feet    | 1 resident |
| Bedroom #4  | 10' x 9' 10" = 98 square feet     | 1 resident |
| Bedroom #5  | 10' x 8' 5" = 84 square feet      | 1 resident |
| Bedroom #6  | 11' 6" x 10' 8" = 123 square feet | 1 resident |

The facility has a private water supply and public sewage disposal system. The Genesee County Health Department inspected the facility's well on 7/12/18 and gave them an "A" rating.

## **B. Program Description**

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female residents' age eighteen and over, that are mentally ill, developmentally disabled, aged, physically handicapped and/or suffer from Alzheimer's. Residents will receive social and emotional support, positive guidance, supervision, and protection, from dedicated, compassionate and honest staff. The facility will provide a clean and caring environment enabling the residents to live, learn, and grow as individuals. Facility staff will meet the basic needs of each individual, as well as, those who require more individualized attention. Residents will be provided and encouraged to participate in social activities and events.

## **C Applicant and Administrator Qualifications**

Bentley Manor Inc. is the applicant and Melissa Bentley has been assigned as the licensee designee and administrator of the facility. A criminal history background check was completed for Ms. Bentley and she has been determined to be of good moral character. She submitted statements from a physician documenting his good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) residents will be the responsibility of the applicant 24 hours a day, 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1-2 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. 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, the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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 an accident involving 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 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.

Melissa Bentley has over 30 years of experience as an administrator and licensee for multiple licensed AFC facilities. Ms. Bentley reports that all resident files will be kept on the facility grounds.

#### **D. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



7/25/18

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Christopher Holvey  
Licensing Consultant

Date

Approved By:



7/27/18

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Mary E Holton  
Area Manager

Date