



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 26, 2018

Dustin Burritt
Grand Vista Living, LLC
99 Vista Drive
Coldwater, MI 49036

RE: Application #: AL130389471
Grand Vista Of Marshall 2
206 Winston Court
Marshall, MI 49068

Dear Mr. Burritt:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-------------------------------|---|
| License Application #: | AL130389471 |
| Licensee Name: | Grand Vista Living, LLC |
| Licensee Address: | 99 Vista Drive Coldwater, MI 49036 |
| Licensee Telephone #: | (517) 227-4055 |
| Licensee Designee: | Dustin Burritt |
| Administrator: | Dustin Burritt |
| Name of Facility: | Grand Vista Of Marshall 2 |
| Facility Address: | 206 Winston Court Marshall, MI 49068 |
| Facility Telephone #: | (517) 227-4055 07/20/2017 |
| Application Date: | |
| Capacity: | 20 |
| Program Type: | AGED |

II. METHODOLOGY

| | |
|------------|---|
| 07/20/2017 | On-Line Enrollment |
| 07/25/2017 | Inspection Report Requested - Fire |
| 07/25/2017 | Contact - Document Sent Rule & ACT Books and Fire Safety String |
| 01/30/2018 | Contact - Document Received 1326 for Dustin Burritt |
| 01/30/2018 | Lic. Unit file referred for background check review 1326 for Dustin Burritt |
| 01/31/2018 | File Transferred To Field Office Lansing |
| 02/06/2018 | Application Incomplete Letter Sent |
| 04/11/2018 | Contact- Telephone call made Telephone call completed with Mr. Burritt. |
| 07/16/2018 | Contact- Documentation received Email received from Mr. Burritt |
| 07/31/2018 | Contact - Telephone call made to Dustin Burritt. Discussed finalization of the licensing process to open the license. |
| 08/14/2018 | Inspection Completed On-site- Sub-compliance |
| 08/17/2018 | Corrective Action Plan Received and Approved |
| 08/24/2018 | Request for Variance submitted |
| 09/04/2018 | Inspection Completed-Fire Safety : A |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is an L-shaped single-story wood frame building located within the city of Marshall. Inside the L-shape is a Northeast Wing, Southeast Wing, and the Commons area. Each wing has 10 resident bedrooms all designated for single occupancy. All rooms include a private, full bathroom with shower, a kitchenette area with sink, microwave, and refrigerator. There are 2 styles of bedrooms in each wing. The studio style rooms are bedrooms with a kitchenette and private, full bath. The one-bedroom style rooms have a private living room area that is separate from the private bedroom and also include a private, full bathroom and kitchenette. The main resident kitchen and dining area are located in the south section of the Common area and the resident living room area is located in the central area between the two wings. There is a family room and spa located to the east of the common area near the Northeast Wing. The medication room, laundry, and pantry areas are located in the Southeast Wing. The facility is wheelchair accessible as all exits are at ground level.

There is a gas furnace and water heater 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 top of the stairs in the Northeast Wing. There is a heat plant room with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located near the end of the Southeast Wing that houses a furnace.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout the facility. The Bureau of Fire Services inspected the facility and determined it to be in substantial compliance with administrative fire safety rules on 09/04/2018. The facility utilizes public water and sewage systems. The facility was determined to be in full compliance with environmental health rules during my on-site inspection on 08/14/2018.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

| Room # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-------------------------|--------------------------------|----------------------|---------------------------|
| Northeast Wing | | | |
| Studio Room Types- 8 | 15.3' x 11.2' + 11.2 x 6.5' | 244.2' | 1 per studio (8 Total) |

| | | | |
|-----------------------|---|---------|--------------------------|
| One Bedroom Types- 2 | 12.3' x 11.7'+ 13.4' x 12.3'+ 7.8' x 9.5' | 382.8' | 1 per room (2 Total) |
| Southwest Wing | | | |
| One Bedroom Types- 10 | 11.8' x 12.5'+ 13' x 13' + 7.3 x 9.3 | 384.5' | 1 per room (10 Total) |
| Living/ Dining Room | 38' x 47'+ 45' x 20.4' | 2718.1' | |
| Recreation Room | 19.8' x 15.9' | 314.8' | |

The Common area and dining room areas measure a total of 2718.1 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 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 adults who are aged (at least 55 years of age or older) in the least restrictive environment possible. The program will include social interaction and community activities. A personal behavior support plan will be designed and implemented for each resident's social and behavioral needs. The applicant intends to accept private pay individuals and Choice Connections as a referral source.

The licensee will provide all transportation as identified in the Resident Care Agreement. The facility will make provisions for a variety of leisure and recreational Equipment and activities. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, restaurants, and local parks, as well as, accommodating appropriate outings to areas that residents request.

C. Applicant and Administrator Qualifications

The applicant is Grand Vista Living, L.L.C., which is a "Domestic Limited Liability Company", established in Michigan, on 09/17/2016. 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 Grand Vista Living, L.L.C. have submitted documentation appointing Dustin Burritt as Licensee Designee and as Administrator for the facility.

A background check was completed with no exclusionary findings found for Mr. Burritt. Mr. Burritt submitted a statement from a physician documenting his good health and

current TB negative results.

Mr. Burritt has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. He is currently the licensee designee and administrator for a similar 20-bed adult foster care home for the elderly in Branch County and a 20-bed adult foster care home for the elderly that is adjacent to this home. He has many years of experience caring for individuals who are elderly and is familiar with challenges individuals in this age range experiences as they age and live in AFC settings.

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 during wake hours and 1 to 20 during hours of sleep (10 pm to 7 am). 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) 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 designee, 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home with a capacity of twenty residents.

Cassandra Duursma

11/01/2018

Cassandra Duursma
Licensing Consultant

Date

Approved By:

Dawn Timm

11/26/2018

Dawn N. Timm
Area Manager

Date