



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 26, 2018

Lori Draves-Reynaert and Michelle Maynard
1445 W Nielson Rd
Sanford, MI 48657

RE: Application #: AL560391308
Meridian Acres #2
2905 N. Meridian Rd
Sanford, MI 48657

Dear Ms. Draves-Reynaert and Ms. Maynard:

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,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL560391308

Applicant Name: Lori Draves-Reynaert and Michelle Maynard

Applicant Address: 1445 W Nielson Rd
Sanford, MI 48657

Applicant Telephone #: (989) 859-6301

Administrator/Licensee Designee: Michelle Maynard

Name of Facility: Meridian Acres #2

Facility Address: 2905 N. Meridian Rd
Sanford, MI 48657

Facility Telephone #: (989) 423-1400

Application Date: 10/10/2017

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
ALZHEIMERS
AGED

II. METHODOLOGY

10/10/2017	Enrollment
11/09/2017	Inspection Report Requested - Fire
11/09/2017	Inspection Report Requested - Health inv # 1027616
11/09/2017	Application Incomplete Letter Sent 1326 for Michelle & Lori, FP's For Lori
11/09/2017	Contact - Document Sent Fire Safety String, Rule and act books
11/16/2017	Contact - Document Received 1326 and RI-030 form
11/21/2017	File Transferred To Field Office midland
12/21/2017	Application Incomplete Letter Sent
10/17/2018	Inspection Completed-Env. Health : A
11/14/2018	Inspection Completed On-site
11/14/2018	Inspection Completed-Fire Safety : A
11/14/2018	Inspection Completed-BCAL Full Compliance
11/20/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property known as Meridian Acres #2 is located at 2905 N. Meridian Road, Sanford, Michigan 48657. The property is owned by Olson LLC. The property is situated on a large lot located in the Township of Jerome. The facility secured zoning approval from the Township of Jerome on 06/07/2017. The facility is a new construction and a Certificate of Occupancy was issued on 11/16/2018. There's an abundance of parking available on a paved lot.

Meridian Acres #2 is barrier free and features contemporary styling with upscale furnishings and interior décor. The exterior of the home features professionally landscaped patios surrounded by attractive fencing and plenty of land where residents can watch the outdoor scenery. The facility has a large gathering room, dining room, private dining room, kitchen, medication room, office, laundry room, beauty salon, public bathroom, employee break room, visitation room, and twenty private bedrooms. All private bedrooms are equipped with full bathrooms, are considered Studios and are equipped with a kitchenette. The facility is heated and air-conditioned with separate thermostatic controls in each bedroom. The facility is serviced by public water and a private sewage system. The capacity of this facility will enable twenty (20) male and female residents to utilize as many bedrooms. There is ample space in the facility bedrooms for non-affected spouses to reside with prior Department approval.

The facility is equipped with 5 natural gas furnaces which are located in the Mechanical Rooms of the facility with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located on the main floor of the facility. 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 also sprinkled with a hydrant dedicated to the sprinkling system located next to the building. Fire extinguishers and emergency evacuation plans are placed throughout the facility. The facility has 2 large hot water heaters which are located in the Mechanical Rooms and was installed by a licensed plumbing company.

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

Bedroom #	Room Dimensions	Total Square Footage	Number of beds
1	15' x 21' 8"	325.00	1
2	15' x 21' 8"	325.00	1
3	15' x 21' 8"	325.00	1
4	15' x 21' 8"	325.00	1
5	15' x 21' 8"	325.00	1

6	15' x 21' 8"	325.00	1
7	15' x 21' 8"	325.00	1
8	15' x 21' 8"	325.00	1
9	15' 7 ¹ / ₄ " x 21' 8"	338.09	1
10	15' x 21' 8"	325.00	1
11	15' x 21' 8"	325.00	1
12	15' x 21' 8"	325.00	1
13	15' 7 ¹ / ₄ " x 21' 8"	338.09	1
14	15' 7 ¹ / ₄ " x 21' 8"	338.09	1
15	15' 4 ³ / ₄ " x 21' 8"	333.58	1
16	15' x 21' 8"	325.00	1
17	15' x 21' 8"	325.00	1
18	15' x 21' 8"	325.00	1
19	15' x 21' 8"	325.00	1
20	15' 7 ¹ / ₄ " x 21' 8"	338.09	1

The living room dining room and dining room areas measure a total of 1661.48 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

11/14/2018, the Bureau of Fire Services determined Vassar Fields Assisted Living II in compliance with the Fire Safety Rules for Adult Foster Care Large Group Homes.

On 10/17/2018, it was determined that Vassar Fields Assisted Living II was in compliance with the Environmental Health Rules for Adult Foster Care Large Group Homes.

On 11/20/2018, I determined that Vassar Fields Assisted Living II was in compliance with the Maintenance of Premises Rules for Adult Foster Care Large Group Homes. Based on the above information, it is concluded that this facility can accommodate twenty (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, Alzheimer's services disclosure statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. Meridian Acres #2 intends to provide 24-hour supervision, protection and personal care to twenty (20) male and female Aged adults who may be Developmentally Disabled, Physically Handicap, Aged, or possess Alzheimer's disease or related dementias; 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. Residents

may be referred from Commissions on Aging, waiver programs, hospitals, clinics, and the community at large.

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 either arrange or provide all transportation for program and medical needs. Meridian Acres #2 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 applicants are Lori Draves-Reynaert and Michelle Maynard. The applicants 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 applicants provided documentation appointing Michelle Maynard as administrator for this facility.

A licensing record clearance request was completed with no lien convictions recorded for Lori Draves-Reynaert and Michelle Maynard, licensees and the administrator. Lori Draves-Reynaert and Michelle Maynard submitted a medical clearance request with a statement from a physician documenting his good health and current TB-tine negative results.

The applicants have 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 4 staff to 20 residents on the first and second shifts with 3 staff on the third shift. All staff shall be awake during sleeping hours.

The applicants acknowledge 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 applicants acknowledge 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 offered 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 applicants acknowledge 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 applicants have indicated resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicants indicated that it is his intent to achieve and maintain compliance with these requirements.

The applicants acknowledge 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 applicants have indicated his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicants acknowledge 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 applicants acknowledge 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 applicants acknowledge 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. Statutory Violations

The applicants were 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 AFC adult large group home (capacity 13-20).

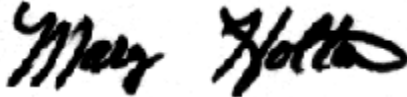


11/20/2018

Anthony Humphrey
Licensing Consultant

Date

Approved By:



11/26/2018

Mary E Holton
Area Manager

Date