

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 22, 2019

Paul Meisel Birch Run Fields Assisted Living 219 Church St. Auburn, MI 48611

> RE: Application #: AL730393135 Birch Run Fields Assisted Living 12160 Ulmer Rd. Birch Run, MI 48415

Dear Mr. Meisel:

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,

Kent W Gieselman, Licensing Consultant Bureau of Community and Health Systems 4809 Clio Road Flint, MI 48504 (810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730393135	
Applicant Name:	Birch Run Fields Assisted Living	
Applicant Address:	12160 Ulmer Rd. Birch Run, MI 48415	
Applicant Telephone #:	(989) 450-8323	
Administrator/Licensee Designee:	Paul Meisel, Designee	
Name of Facility:	Birch Run Fields Assisted Living	
Facility Address:	12160 Ulmer Rd. Birch Run, MI 48415	
Facility Telephone #:	(989) 450-8323	
Application Date:	03/09/2018	
Capacity:	20	
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED	

II. METHODOLOGY

03/09/2018	Enrollment
03/13/2018	Contact - Document Received 1326
03/19/2018	Inspection Report Requested - Fire
03/19/2018	File Transferred To Field Office Saginaw
03/19/2018	Contact - Document Sent rule and act books
07/02/2018	Application Incomplete Letter Sent
02/11/2019	Inspection Completed-Fire Safety : A
02/14/2019	Application Complete/On-site Needed
02/20/2019	Inspection Completed-Env. Health : A
02/20/2019	Inspection Completed On-site
02/20/2019	Inspection Completed-BCAL Full Compliance

02/20/2019 Recommend License Issuance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single level building, located in a residential area in the City of Birch Run, MI. This facility is located in close proximity to numerous community businesses and resources. This facility is owned by Birch Run Fields Assisted Living LLC, the applicant.

There are three (3) furnaces and two (2) hot water heaters located in the basement with a 1³/₄ inch solid core door equipped with an automatic self-closing device and positive latching hardware creating floor separation. The basement is constructed of material that has a 1-hour-fire-resistance rating. The furnaces and hot water heaters were inspected on approved on 12/18/18. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. A residential sprinkler system has been installed giving full coverage to the facility. The laundry room is located on the main floor of the home.

The facility utilizes public water and sewer services. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health effective 2/20/19. This facility has two wings with resident bedrooms. The bedrooms on the "south wing" each have a private half-bath with a full shower room located at the end of the hallway. The bedrooms on the east wing all contain a full private bathroom. The bedrooms are as follows;

South Wing						
Bedroom #	Total Sq, Ft.	Resident Beds	Private bathroom			
1	230 sq. ft.	1	1/2 bath			
2	230 sq. ft.	1	1/2 bath			
3	230 sq. ft.	1	1/2 bath			
4	230 sq. ft	1	1/2 bath			
5	230 sq. ft.	1	1/2 bath			
6	230 sq. ft.	1	1/2 bath			
7	230 sq. ft.	1	1/2 bath			
8	230 sq. ft.	1	1/2 bath			
9	230 sq. ft.	1	1/2 bath			
10	230 sq. ft.	1				
East Wing						
11	346.5 sq. ft.	1	Full bath			
12	346.5 sq. ft.	1	Full bath			
13	346.5 sq. ft.	1	Full bath			
14	346.5 sq. ft.	1	Full bath			
15	288 sq. ft.	1	Full bath			
16	288 sq. ft.	1	Full bath			
17	288 sq. ft.	1	Full bath			

18	288 sq. ft.	1	Full bath
19	288 sq. ft.	1	Full bath
20	288 sq. ft.	1	Full bath

This facility contains a private dining area for residents to entertain friends and family measuring 221 sq. ft. The main living area of this facility measures 750 sq. ft. with an additional small sitting area measuring 100 sq. ft. This facility also contains a medication room, staff office, full industrial kitchen with dining area large enough for all 20 residents. This facility contains a laundry room adequate to meet the needs of 20 residents.

Compliance with Rule 400.15410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The facility has four separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15408. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

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

The applicant, Birch Run Fields Assisted Living LLC., submitted a copy of the required documentation. 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, age 55 or older, whose diagnosis is aged, physically handicapped, and developmentally disabled 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.

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 will ensure that the resident's transportation for program and medical needs are met. Woodland Park will also provide transportation to transport residents to access community-based resources and services.

In addition to the above program elements, the facility 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 applicant is Birch Run Fields Assisted Living LLC., which is a "Domestic Limited Liability Company", was established in Michigan on 1/25/18. 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 Board of Directors of Birch Run Fields Assisted Living, L.L.C. has submitted documentation appointing Paul Meisel as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test 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 1 staff-to-15 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 SolutionsTM (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 and Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with

administrative rules related to quality of care will be assessed during the temporary license period.

III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

Kent Lusile

2/20/19

Kent W Gieselman Licensing Consultant

Date

Approved By:

May Hotto 2/22/19

Mary E Holton Area Manager

Date