



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 19, 2019

Paul Wyman
Retirement Living Management of Fremont LLC
1845 Birmingham
Lowell, MI 49331

RE: Application #: AL620393695
Green Acres of Fremont II
803 E. Main St
Fremont, MI 49412

Dear Mr. Wyman:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL620393695
Licensee Name:	Retirement Living Management Of Fremont LLC
Licensee Address:	1845 Birmingham Lowell, MI 49331
Licensee Telephone #:	(616) 897-8000
Administrator/Licensee Designee:	Paul Wyman, Designee
Name of Facility:	Green Acres Of Fremont II
Facility Address:	803 E. Main St Fremont, MI 49412
Facility Telephone #:	(231) 335-2060
Application Date:	04/20/2018
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

04/20/2018	On-Line Enrollment
04/24/2018	Inspection Report Requested - Health Inv. #1028219
04/25/2018	Contact - Document Sent Rule & Act booklets
04/30/2018	Contact - Document Received App; IRS ltr; rec cl for Paul (LD)
04/30/2018	Lic. Unit file referred for background check review Paul - RS
04/30/2018	Contact - Document Sent Fire Safety String
05/02/2018	Application Incomplete Letter Sent
02/26/2019	Inspection Completed On-site
02/26/2019	Inspection Completed-Env. Health : A
02/26/2019	Application Complete/On-site Needed
02/28/2019	Inspection Completed-Fire Safety : A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Green Acres of Fremont II is a stick-built home in the city of Fremont. As you walk in the main door, through a vestibule, you enter into an open area with an activity room straight ahead. Directly to the right is a dining room and café area. Down the hall is a beauty salon and 10 bedrooms with bathrooms. To the left of the vestibule is the office. Beyond that is the nurses station. The left side of the home is memory care and you enter through double doors. The laundry room and a bathroom are on the left. An activity room is on the right. Beyond that is another dining room. Ten more bedrooms with bathrooms in each are down the hall.

The kitchen will be shared between existing home in building 1 and build 2. It is part of the floor plan in building 1.

The boiler furnace and hot water heater are located in a mechanical room beyond the café separated by two 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top. 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. The home is wheelchair accessible. The home utilizes public city water and sewage.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	19 x 19.25	365.75	1
2	19 x 19.25	365.75	1
3	19 x 19.25	365.75	1
4	19 x 19.25	365.75	1
5	19 x 19.25	365.75	1
6	19 x 19.25	365.75	1
7	19 x 19.25	365.75	1
8	19 x 19.25	365.75	1
9	19 x 19.25	365.75	1
10	20.42 x 19.25	393	1
11	19.83 x 22.08	438	1
12	19.83 x 19.25	382	1
13	19.83 x 19.25	382	1
14	19.83 x 19.25	382	1
15	19.83 x 17.25	342	1
16	19.83 x 17.25	342	1
17	19.83 x 17.25	342	1
18	19.83 x 17.25	342	1
19	19.83 x 17.25	342	1
20	19.83 x 17.25	342	1

The living and dining room areas measure a total of 2404 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 **twenty** 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 twelve male or female ambulatory adC. Cults whose diagnosis is developmentally disabled or mentally impaired, 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 licensee will assure the availability of transportation for program and medical needs. 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the corporate applicant's current ownership of multiple AFC homes in good standing as well as the budget statement submitted to operate this adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant and administrator 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 1 staff -to- 15 residents during waking hours and not less than 1 staff -to- twenty residents during normal sleeping hours. 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, 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.

