



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 25, 2019

Katy Juarez  
The Legacies ALC, LLC  
8702 Orleans Ave  
Fenwick, MI 48834

RE: Application #: AL410393508  
Legacies Assisted Living B1  
9031 B1 N. Rogers Ct. SE  
Caledonia, MI 49316

Dear Ms. Juarez:

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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410393508
<b>Licensee Name:</b>	The Legacies ALC, LLC
<b>Licensee Address:</b>	8702 Orleans Ave Fenwick, MI 48834
<b>Licensee Telephone #:</b>	(616) 325-4309
<b>Administrator/Licensee Designee:</b>	Katy Juarez, Designee, Administrator
<b>Name of Facility:</b>	Legacies Assisted Living B1
<b>Facility Address:</b>	9031 B1 N. Rogers Ct. SE Caledonia, MI 49316
<b>Facility Telephone #:</b>	(616) 325-4309
<b>Application Date:</b>	04/10/2018
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED, ALZHEIMERS

## II. METHODOLOGY

04/10/2018	On-Line Enrollment
04/11/2018	Inspection Report Requested - Fire
04/11/2018	Contact - Document Sent Rule & ACT Books and Fire Safety String
07/24/2018	Contact - Document Received 1326/Fingerprint/RI 030 for Katy Juarez
07/24/2018	File Transferred to Field Office Grand Rapids
02/22/2019	Inspection Completed-Fire Safety : A
03/18/2019	Inspection Completed On-site
03/18/2019	Inspection Completed-Env. Health: A Inspection was completed by this Licensing Consultant.
03/18/2019	Inspection Completed-BCAL Full Compliance I reviewed all the required documents for opening a 20-bed facility plus I inspected the facility.
03/18/2019	Contact Document Received: Certificate of Occupancy dated 02/06/2019, and all required documents.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

The facility is newly constructed of a stick framed ranch style facility and it is located in the Village of Caledonia. The facility does not have a basement. The main floor contains two spacious corridors with the twenty individual resident rooms, (called a “Cottage Suite”) and each room has a bedroom, a full closet, a living room, a kitchenette, a full bathroom and a large window looking to the outside. The facility has a large vestibule, a large dining room, a full kitchen, with a pantry and a café, a large activity room, a beauty shop, a general store, an administrative office, a staff lounge with an attached toilet room, a unisex bathroom, an activity office, a staff lounge, a medication room, a medication storage area, a storage room, a mail box area, a janitor’s closet, a laundry room, and two mechanical rooms. Off the dining room is a large fenced in court yard. This facility is attached to another licensed facility, Legacies Assisted Living B2. The home is wheelchair accessible and has 2 approved means of egress that are ground level. The home will utilize public water and sewage system.

The gas furnaces and hot water heaters are located on the main floor in two sperate rooms that have been constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout the facility.

The applicant secured an evaluation for this facility from the Kent County Health Department which they themselves paid for. The applicant provided the document that stated: "Pre-Opening, Approval to Operate. Allegan training required with-in 90 days, dated 02/06/2019.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
101	18' 3" x 21' 7"	393.84	1
102	"	"	1
103	"	"	1
104	"	"	1
105	"	"	1
106	"	"	1
107	"	"	1
108	"	"	1
109	"	"	1
110	"	"	1
111	"	"	1
112	"	"	1
113	"	"	1
114	"	"	1
115	"	"	1
116	"	"	1
117	"	"	1
118	"	"	1
119	"	"	1
120	"	"	1

The following areas of the dining room, activity room, beauty shop, measure a total of 1,497 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 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 twenty (20) male or female ambulatory adults 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. The applicant intends to accept residents that are considered as private pay individuals.

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 provide all 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 is, The Legacies ALC, L.L.C., which is a "Domestic Limited Liability Company", which was established in Michigan, on 03/01/2018. 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 The Legacies ALC, L.L.C. have submitted documentation appointing Katy Juarez as Licensee Designee and the Administrator of this facility.

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

The licensee designee/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 two staff –to- 20residents per shift. 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](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 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.

**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 capacity 20.

*Arlene B. Smith*

03/25/2019

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Arlene B. Smith, Licensing Consultant      Date

Approved By:

*Jerry Hendrick*

03/25/2019

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Jerry Hendrick, Area Manager      Date

