



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 20, 2019

Ashley Deal
AC Flower House LLC
4991 Fighter Rd
Hastings, MI 49058

RE: Application #: AL080402219
AC Flower House LLC
9950 S Clark Rd
Nashville, MI 49073

Dear Ms. Deal:

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 15 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL080402219
Licensee Name:	AC Flower House LLC
Licensee Address:	9950 S Clark Rd Nashville, MI 49073
Licensee Telephone #:	(269) 317-2302
Licensee Designee:	Ashley Deal
Administrator:	Charitie Grider
Name of Facility:	AC Flower House LLC
Facility Address:	9950 S Clark Rd Nashville, MI 49073
Facility Telephone #:	(269) 317-2302 10/31/2019
Application Date:	
Capacity:	15
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

10/17/2019	Inspection Completed-Fire Safety : A See AL080258042
10/31/2019	On-Line Enrollment
11/04/2019	Contact - Document Sent Act booklet
11/12/2019	Contact - Document Received App; IRS ltr; 1326, RI-030 for Ashley; AFC 100 for Charitie
11/12/2019	Inspection Report Requested - Health Inv. #1030026
11/14/2019	Application Incomplete Letter Sent
11/15/2019	Received admission policy, discharge policy, appointment of designated person, floor plan, program statement, budget, and resume's for licensee designee (LD) and administrator (admin)
11/21/2019	Confirming letter sent
12/02/2019	Inspection Completed; Environmental Health: A
12/03/2019	Received updated admission policy, household rules, org chart, permission to inspect, standard/routine procedures, staffing pattern, job description, refund policy, and documentation of competencies for LD and admin.
12/04/2019	Received Alzheimer's statement, personnel policies, and updated admission policy
12/06/2019	Received updated Alzheimer's statement, updated refund policy, and final documentation of competencies for LD and admin
12/10/2019	Inspection Completed On-site
12/10/2019	Inspection Completed-BCAL Full Compliance
12/17/2019	Received deed for property
12/19/2019	Received special use land permit

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

AC Flower House LLC is a one-story wood stick built framed home containing 3336 square feet which sits on twenty acres in the center of a farming community. The home has a country atmosphere with a peaceful view of open fields, cattle grazing, and family owned farms and woods. The long covered front porch of the facility is furnished with rocking chairs and the back of the facility also has a sitting porch. The facility is located in rural Barry County but is located within 25 miles of several larger cities where residents can access medical treatment, entertainment and other goods and services.

The entire home is decorated with a primitive antique décor. The home has a large entryway which looks onto a spacious living room with lift chairs along with a large movie and TV center. The home has a large dining room off the living room furnished with multiple tables with seating for 15 residents. An antique buffet and piano graces the dining room which is connected to a large well-furnished open kitchen. There are 14 private resident bedrooms and one resident bedroom that is large enough to accommodate a married couple. The home is wheelchair accessible and has four approved means of egress that are all at grade. The home utilizes a private water supply and sewage system which were inspected by the Barry-Eaton District Health Department on December 2, 2019 and the facility was determined to be in substantial compliance with all applicable rules.

There are two gas powered water heaters and two propane powered furnaces located inside a utility room in the basement. The door separating the water heater and furnaces from the rest of the home is outfitted with a 20-minute fire rated metal door equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, throughout the main floor of the home, in the basement and near all flame or heat-producing equipment. The facility is fully sprinkled. The furnaces were inspected on November 19, 2019 and found to be operating properly. The sprinkler system was inspected on May 22, 2019 and found to be operating properly. The fire alarms were inspected on May 6, 2019 and found to be operating properly. The facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on October 17, 2019.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' X 14'	168	1
2	12' X 14'	168	1

3	12' X 14'	168	1
4	14' X 14'	196	1
5	14' X 16'	224	2
6	14' X 14'	196	1
7	14' X 14'	196	1
8	14' X 14'	196	1
9	10' X 14'	140	1
10	10' X 13' + 9' X 7'	193	1
11	11' 2" X 13'	145	1
12	11' 2" X 13'	145	1
13	11' 2" X 13'	145	1
14	11' 2" X 13'	145	1

The indoor living and dining areas measure a total of 650 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 15 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The applicant submitted documentation that the facility was approved for a special use land permit by the Barry County Planning Commission on December 18, 2019.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 15 male or female residents who are aged or who have Alzheimer's Disease or related conditions. For residents who have been diagnosed with Alzheimer's Disease or related conditions, the plan of care will be developed at time of admission with the interdisciplinary team which includes a physician and the AC Flower House registered nurse. The physician will provide AC Flower House with documented diagnoses, current medications and instructions, allergies, mental and physical status and limitations, mobility and ambulatory status, special dietary instructions, and current physical exam. A head-to-toe assessment, social/behavioral assessment, and self-care skill/mobility assessment will be completed by a registered nurse on the day of admission. A plan of care will be reviewed and initiated with special attention to cognitive and social needs in order to attempt to maintain a standard of norm. The plan of care will be explained to the resident and durable power of attorney and/or guardian at admission. All staff members will be trained in the care and needs of residents with Alzheimer's Disease and related conditions. Staff members will receive this training before any hands-on care can be performed. All staff competency will be reviewed annually. The physical, environmental, and staffing ratio is safe for the appropriate care needed by these special residents. All doors in the home have alarms that will sound when opened. There will be no supplemental fees for residents diagnosed with Alzheimer's disease or related conditions. The program will include home cooked meals, a home exercise program, foot care, accommodations for special diets, creative activities, entertainment, bible study, a music program, pet therapy, game nights, movie nights, engagement with

local school groups, birthday and holiday celebrations, and a visiting beautician to provide haircuts, perms, and colors. An experienced nurse and physical therapist are on staff at the facility. Home health and hospice services can be coordinated if needed.

The applicant intends to accept residents who require assistance with all aspects of personal care including residents who require assistance from two staff members for completion of any activities of daily living, and residents with moderate dementia related behaviors. The applicant does not intend to accept residents who are an elopement risk or display serious physical aggression or destruction of property. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

C. Applicant and Administrator Qualifications

The applicant is AC Flower House, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on October 25, 2019. 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 AC Flower, L.L.C. have submitted documentation appointing Ashley Deal as licensee designee for this facility and Charitie Grider as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Deal and Ms. Grider submitted statements from a physician documenting their good health and current negative tuberculosis test results current within six months of this report.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Deal has worked as a registered nurse for 10 years. Ms. Deal has worked as a charge nurse where she was responsible for supervising many nurses and CENAs and worked as a case manager where she coordinated all patient physical, emotional, and psychiatric care to avoid hospitalizations. Ms. Deal has worked with people who are aged or have been diagnosed with Alzheimer’s or related diseases in both the hospital and home settings. Ms. Grider has worked as a physical therapy assistant for 14 years. During that time, she coordinated with residents to monitor and prevent physical decline in the hospital, home, or assisted living facility environments. Ms. Grider has experience monitoring and providing services to residents who are aged or have been diagnosed with Alzheimer’s or related diseases. Ms. Grider stated her work has been focused on improving mobility and overall quality of life for the aged population.

The staffing pattern for the original license of this 15-bed facility is adequate and includes a minimum of two staff for 15 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged that residents with mobility impairments may only reside on the main floor of the facility, however the facility only has one floor and all exits are at grade.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 15.




12/19/19

Leslie Herrguth
Licensing Consultant

Date

Approved By:



12/20/2019

Dawn N. Timm
Area Manager

Date