



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 7, 2020

Kimberly Taylor
K. Taylor Enterprises LLC
994 Ralston Rd
Sherwood, MI 49089

RE: Application #: AS750401890
The Meadows Specialized Residential Pgm
53803 Nottawa Rd
Mendon, MI 49072

Dear Ms. Taylor:

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 6 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 dark ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS750401890
Licensee Name:	K. Taylor Enterprises LLC
Licensee Address:	994 Ralston Rd Sherwood, MI 49089
Licensee Telephone #:	(269) 496-1033
Licensee Designee:	Kimberly Taylor
Administrator:	Kimberly Taylor
Name of Facility:	The Meadows Specialized Residential Pgm
Facility Address:	53803 Nottawa Rd Mendon, MI 49072
Facility Telephone #:	(269) 496-1033
Application Date:	09/29/2019
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODOLOGY

09/29/2019	On-Line Enrollment
09/30/2019	Contact - Document Sent Act booklet
10/01/2019	Contact - Document Received App; IRS ltr; 1326A, RI-030, & 100 for Kimberly (LD & Admin)
10/01/2019	Inspection Report Requested - Health Inv. #1029846
10/28/2019	Application Incomplete Letter Sent
11/12/2019	Application Complete/On-site Needed
11/12/2019	Inspection Completed On-site
11/20/2019	Confirming Letter Sent
11/20/2019	SC-Application Received – Original
12/10/2019	Inspection Completed On-site Env. Health A
01/02/2019	Contact-Email
01/02/2019	Inspection Completed BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Meadows Specialized Residential Program is a brick-sided ranch style home located in an rural neighborhood north of the city of Mendon. The property is owned by the licensee designee, Ms. Kimberly Taylor. On file is proof of property ownership. There are multiple restaurants and churches within one mile of the home.

The main entrance of the home leads into resident living room area on the west side and the resident dining area on the east side of the main level of the home. To the north of the living room is a private office for staff. Through the dining area is the kitchen and off of the north side of the kitchen is a resident bedroom. Three resident bedrooms and a resident full bathroom are located off the south side of the kitchen.

Between the resident living room and resident dining room, north of the main entrance, is a stairway leading to the basement that will not be used by residents. This home is not wheelchair accessible.

An on-site inspection completed by the local environmental health authority on 12/10/2019 verified that the home is in compliance with all applicable environmental health administrative rules. The home utilizes a private water and sewer system. The on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The home utilizes gas furnace and gas water heater which are located in the basement in an enclosed heating plant. A 1 ¾-inch solid wood core door between the basement and main level provides floor separation. The facility is equipped with interconnected, hardwire smoke detectors with battery backup.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 X 13	143	1
2	12 X 12	144	1
3	12 X 13	156	2
4	12 X 23	276	2

The indoor living and dining areas measure a total of 585 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and female ambulatory residents who are diagnosed with a mental illness. 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 from St. Joseph County DHHS and CMH. The applicant has applied to operate a specialized program under contract to St. Joseph County CMH.

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, and only with the prior approval of the resident, guardian, and the responsible agency.

Transportation will be provided as agreed upon in each resident's *Resident Care Agreement*. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including schools, libraries, churches, shopping centers, sporting events, and local parks to improve the quality of life and personal independence of residents.

C. Applicant and Administrator Qualifications

The applicant is K. Taylor Enterprises, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/07/2013. 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 K. Taylor Enterprises, L.L.C. have submitted documentation appointing Kimberly Taylor as both Licensee Designee and Administrator of the facility.

Criminal history background checks of the licensee designee and administrator were completed and the licensee designee and administrator are determined to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Taylor has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Taylor has provided proof of required trainings in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People.

Ms. Taylor has previous experience as the licensee designee at an adult foster care facility for residents with a diagnosis of mental illness for the last five years and direct care staff experience for thirteen years.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six 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 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 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 acknowledges 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.

C. 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 small group home with a capacity of six (6) residents.



01/02/2020

Eli DeLeon
Licensing Consultant

Date

Approved By:



01/07/2020

Dawn N. Timm
Area Manager

Date