



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 9, 2020

Angela Hall
Hallstrom Castle Assisted Living, LLC
5640 Holton Rd
Twin Lake, MI 49457

RE: Application #:	AL610395597 Hallstrom Castle Assisted Living 5640 Holton Rd Twin Lake, MI 49457
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Dear Ms. Hall:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL610395597
Licensee Name:	Hallstrom Castle Assisted Living, LLC
Licensee Address:	5640 Holton Rd Twin Lake, MI 49457
Licensee Telephone #:	(231) 670-9760
Administrator/Licensee Designee:	Angela Hall, Administrator and Licensee Designee
Name of Facility:	Hallstrom Castle Assisted Living
Facility Address:	5640 Holton Rd Twin Lake, MI 49457
Facility Telephone #:	(231) 670-9760
Application Date:	08/01/2018
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL ALZHEIMERS AGED

II. METHODOLOGY

08/01/2018	On-Line Enrollment
08/02/2018	Inspection Report Requested - Health 1028576
08/02/2018	Inspection Report Requested - Fire
08/02/2018	Contact - Document Sent Rule/Act books & Fire Safety String
08/02/2018	File Transferred To Field Office Grand Rapids
08/07/2018	Contact - Face to Face Angela and Clint Hall
08/15/2018	Application Incomplete Letter Sent
08/15/2018	Contact - Document Sent 1712 copy sent to LD, A. Hall.
04/15/2019	Contact - Telephone call received Update with Licensee Angela Hall re: status of building.
09/16/2019	Contact - Telephone call received Angela Hall with update on the building and the inspections conducted and inspections needed yet.
12/19/2019	Inspection Completed On-site Building not completed.
01/31/2020	Inspection Completed On-site Environmental Health and Fire Inspections-approval still needed.
02/10/2020	Contact - Document Received Septic/Sewage disposal info. received from A. Hall.
02/14/2020	Contact - Document Received Occupancy paper rec'd. from A. Hall.
02/19/2020	Contact - Telephone call made Adam Rosema re: environmental health inspection
02/20/2020	Contact - Telephone call received Adam Rosema, re: Environmental Health Inspection. Send new request.

02/20/2020	Contact - Telephone call received A. Hall called re: fire inspections.
02/21/2020	Inspection Report Requested - Health Request for new EH inspection of well and septic systems.
02/21/2020	Contact - Document Received Water test paperwork rec'd from A. Hall.
02/21/2020	Inspection Completed-Fire, rating A.
02/25/2020	Contact - Document Received Adam Rosema, EH, received the request for an inspection of well and septic.
02/26/2020	Contact-Telephone call received Joshua Ohst, Muskegon County Public Health Dept. re: well/septic inspections.
03/09/2020	Inspection Completed-Environmental Inspection, rating A.
03/09/2020	Recommend License Issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hallstrom Castle Assisted Living is a large building with two castle-like towers on both ends of a long 2 story building. The facility is in Twin Lake located in rural Dalton Township. The 20 single resident bedrooms are located on the main level of the facility. On the main floor of the facility, there are 4 full resident bathrooms and 1 half bath with 2 enclosed stalls for resident use. The upper level of this facility has a large office area, 2 half baths and will be used for staff only. Upon entering the front door of the facility, the dining area is to the left (East end of the facility) and the living room is located to the right and down the hall (West end of the facility). The facility has a large activity area, a sitting room, a chapel, a hair salon and a therapy/theatre room for resident use. The facility is wheelchair accessible with 2 approved means of egress from the first floor that exit the building directly onto level ground so there is no need for wheelchair ramps. This facility utilizes private water and septic system.

The 8 gas furnaces are located on the upper second floor of the facility. Each gas furnace has its own enclosed room equipped with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The West side electric hot water heater is located in a mechanical room equipped with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The East side electric hot water heater is located in the laundry room and is

separated from the laundry room with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout all 3 levels of this facility/building.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.25X13.25	135.81	1
2	10.25X13.25	135.81	1
3	10.25X13.25	135.81	1
4	10.25X13.25	135.81	1
5	10.25X13.25	135.81	1
6	10.25X13.25	135.81	1
7	10.25X13.25	135.81	1
8	10.25X13.25	135.81	1
9	10.25X13.25	135.81	1
10	10.25X13.25	135.81	1
11	10.25X13.25	135.81	1
12	10.25X13.25	135.81	1
13	10.25X13.25	135.81	1
14	10.25X13.25	135.81	1
15	10.25X13.25	135.81	1
16	10.25X13.25	135.81	1
17	10.25X13.25	135.81	1
18	10.25X13.25	135.81	1
19	10.25X13.25	135.81	1
20	10.25X13.25	135.81	1

The living, dining, and sitting room areas measure a total of 1,733.83 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 adults whose diagnosis is developmentally disabled, mentally impaired, physically impaired, aged/Alzheimer's 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 from Muskegon County-DHHS (or surrounding area), Muskegon County CMH (or surrounding area) or private pay individuals as a referral source.

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 Hallstrom Castle Assisted Living, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 02/15/2018. 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 Hallstrom Castle Assisted Living, L.L.C. have submitted documentation appointing Angela Hall as Licensee Designee for this facility and Angela Hall as the Administrator of the facility.

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

The licensee designee 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 3 staff –to- 20 residents first and second shifts and a ratio of 2 staff-to-20 residents for third shift. The applicant also has 2 staff to shower residents, a housekeeper and 2 cooks. 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 residents' 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.

*The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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).

Elizabeth Elliott

03/09/2020

Elizabeth Elliott
Licensing Consultant

Date

Approved By:

Jerry Hendrick

03/09/2020

Jerry Hendrick
Area Manager

Date