



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 24, 2020

Andrea Zylema
Brightside Living LLC
PO Box 220
Douglas, MI 49406

RE: Application #: AM410403710
Mistywood
3371 Mistywood St SE
Caledonia, MI 49316

Dear Ms. Zylema:

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 12 is issued effective May, 1, 2020.

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 black ink that reads "Grant Sutton".

Grant Sutton, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4437

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM410403710

Licensee Name: Brightside Living LLC

Licensee Address: 690 Dunegrass Circle Dr
Saugatuck, MI 49453

Licensee Telephone #: (614) 329-8428

Administrator/Licensee Designee: Andrea Zylema, Designee
Andrea Zylema, Administrator

Name of Facility: Mistywood

Facility Address: 3371 Mistywood St SE
Caledonia, MI 49316

Facility Telephone #: (614) 329-8428

Application Date: 02/28/2020

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

03/12/2019	Inspection Completed-Env. Health : A
10/08/2019	Inspection Completed-Fire Safety : A
02/28/2020	On-Line Enrollment
03/02/2020	Inspection Report Requested - Health 1030317
04/13/2020	Contact - Document Received AFC 100/1326/RI 030/Fingerprint for Andrea Zylema
04/14/2020	File Transferred To Field Office Grand Rapids
04/14/2020	Application Complete/On-site Needed
04/14/2020	Inspection Completed-BCHS Full Compliance Virtual inspection due to COVID-19; follow up to be conducted when allowed
04/14/2020	Confirming Letter Sent
04/20/2020	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home with a walk-out level located in a subdivision near the city of Caledonia. The main floor consists of a kitchen, dining room, living room, 2 resident bedrooms, 2 full and 1 half bathroom, and a staff office. The lower, walk-out level has a sitting area/activity room, 10 resident bedrooms, 1 bedroom for staff, a storage room, 3 full bathrooms, and a laundry room. There are two approved means of egress from the main level with a ramp at one and the other is at ground level so the facility is handicap accessible. The walk-out level has an exit directly outside, level with the ground, and there is an approved unit for moving mobility impaired residents up and down the stairway so the lower level is accessible, as well. The facility utilizes well and septic which have been approved by the Kent County Health Dept.

The gas boiler and hot water heater are located in the lower level in a room that is 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. Floor separation is achieved with a 1 3/4 inch solid core door located at the top of the stairs. The facility is equipped an approved fire alarm

system with a panel and the facility is sprinkled throughout as inspected and approved by the Bureau of Fire Services, Fire Marshal Division.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' x 14'	224	1
2	14' x 16'	196	1
Lower Level			
3	9' x 12'	108	1
4	9' x 12'	108	1
5	9' x 12'	108	1
6	10' x 11'	110	1
7	10' x 11'	110	1
8	10' x 11'	110	1
9	12' x 12'	144	1
10	12' x 12'	144	1
11	12' x 12'	144	1
12	12' x 12'	144	1

The living, dining, and lower level sitting room/activity room areas measure a total of 1,092 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 **twelve** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The facility was previously licensed as Bethesda Lutheran Supported Living Home, License number AM410008768.

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 adults whose diagnosis is developmentally disabled, mentally impaired, aged, and/or physically handicapped 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 Kent County DHS, network 180, 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 assure the availability of 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 Brightside Living L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 03/21/2019. 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 Brightside Living, L.L.C. have submitted documentation appointing Andrea Zylema as Licensee Designee for this facility and Andrea Zylema 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 6-bed facility is adequate and includes a minimum of 1 staff -to- 6 residents 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 not be awake during sleeping hours.

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.

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 small group home (capacity 12).



04/24/2020

Grant Sutton
Licensing Consultant

Date

Approved By:



04/24/2020

Jerry Hendrick
Area Manager

Date