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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 28, 2020

Megan Fry
MCAP DeWitt Opco, LLC
Suite 115
21800 Haggerty Road
Northville, MI 48167

RE: Application #: AL190404601
Addington Place of DeWitt 3
1177 W. Solon Rd, Ste 3
DeWitt, MI 48820

Dear Ms. Fry:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL190404601
Applicant Name:	MCAP DeWitt Opco, LLC
Applicant Address:	Suite 115 21800 Haggerty Road Northville, MI 48167
Applicant Telephone #:	248-773-4600
Administrator	Melissa San Miguel
Licensee Designee:	Megan Fry
Name of Facility:	Addington Place of DeWitt 3
Facility Address:	1177 W. Solon Rd, Ste 3 DeWitt, MI 48820
Facility Telephone #:	(517) 484-6980
Application Date:	05/15/2020
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

05/15/2020	Enrollment
05/27/2020	Application Incomplete Letter Sent IRS ltr; 1326, RI-030, & FPs for Megan (LD); AFC 100 for Melissa (Admin)
05/27/2020	Inspection Completed- Fire Safety: A- used inspection from current license dated 10/28/2019
09/15/2020	Contact - Document Received 1326 & RI-030 for Megan
09/15/2020	Lic. Unit file referred for background check review Megan Fry (LD) - RS
09/16/2020	Contact - Document Received IRS ltr
10/06/2020	Application Incomplete Letter Sent Letter sent via email to Ms. Fry; Also spoke to via phone today.
10/09/2020	Contact - Document Received Received documents via email from Megan Fry
10/12/2020	Contact - Document Received Documents received via email from Megan Fry
10/13/2020	Contact - Document Received Documents received via email from Megan Fry
10/13/2020	Application Complete/On-site Needed
10/15/2020	Inspection Completed On-site
10/15/2020	Contact - Document Received Documents received from Ms. San Miguel
10/15/2020	Inspection Completed-BCAL Full Compliance
10/15/2020	Inspection Completed- Environmental Health: A by BCHS staff

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Addington Place of DeWitt 3 is a newly renovated one-story ranch style building with vinyl siding located in DeWitt, Michigan. The facility has ample parking for visitors and staff members. Upon entering the facility there is a small vestibule leading into a large dining area. The great room is located off the east end of the dining area. The kitchen is located off the south end of the dining area. There are 19 resident bedrooms located within two wings on the south end and east end of the building. There are 16 half – bathrooms and three shower rooms in the facility. Each resident bedroom provides access to a Jack-and-Jill style bathroom shared between two resident bedrooms. The facility is equipped with a laundry room, a salon, an activity room, an office, and a utility room. The facility is wheelchair accessible and has four approved means of egress that are at grade and easily traversed with a wheelchair. The facility is equipped with wider doors to allow freer access to resident rooms and restrooms. Also, the hallways are wider to accommodate residents who need more space to maneuver a wheelchair or walker. There is a paved path and gazebo area in the backyard that is handicap accessible, so residents can enjoy the outdoors in a safe environment. The facility utilizes a public sewage disposal system and private water supply. The facility was found to be in substantial compliance with applicable environmental health rules by the Mid-Michigan District Health Department on 1/18/2019 and again during the on-site inspection on 10/14/2020.

The facility is equipped with a gas hot water heater located in a utility room on the main floor of the facility. The facility is equipped with three gas forced-air furnaces which are also located in the utility room off the living room. The heating plant is enclosed in a room constructed of material with a one-hour-fire-resistance rating and a 1 ¾ inch solid wood core door 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, the dining room, kitchen, great room, and near all flame- or heat-producing equipment. The facility is fully sprinkled. The facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on 10/28/2019.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
301	11' x 12' 5"	135	1
302	11' x 12' 5"	132	1
303	11' x 12' 5"	132	1
304	11' x 12' 5"	132	1
305	11' 9" x 14' 7"	180	1

306	11' 9" x 13' 5"	156	1
307	10' 11" x 12' 5"	132	1
308	11' x 12' 5"	132	1
309	10' 11" x 12' 5"	132	1
310	10' 11" x 12' 5"	132	1
311	11' x 12' 5"	132	1
313	12' x 14' 9"	180	1
314	16' 11" x 25'	425	2
315	12' x 12' 5"	144	1
316	11' 5" x 13' 5"	143	1
317	10' 11" x 12' 5"	132	1
318	10' 11" x 12' 5"	132	1
319	10' 11" x 13' 3"	143	1
320	11' x 12' 5"	132	1
Dining Area	17' 11" x 26' 6"	468	
Living Room	25' 3" x 15'	375	

The indoor living and dining areas measure a total of 843 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 20 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 20 male and/or female residents who are aged. The applicant intends to admit residents who may require assistance from staff members to transfer and/or ambulate, require the full-time use of a wheelchair, and require assistance from one or two staff members with all activities of daily living such as eating, bathing, toileting, grooming, and completing hygiene tasks. The program will focus on maintaining and building strength with residents. The applicant intends to employ qualified individuals to work side-by-side with residents, with the direction of a physical therapist and occupational therapist to assist residents with various tasks such as walking to gain gait strengthening, assistance with range of motion to increase mobility, chair exercises to strengthen muscle core and promoting independence during meal times. The program will enhance the physical, social, and cognitive abilities of residents with an emphasis on completing all activities of daily living. The applicant will coordinate with and facilitate services for residents such as onsite physical and occupational therapy, podiatric services, a physician who will make contact with residents at the facility, X-rays EKG's, echocardiograms, doppler and ultrasound services onsite, as well as Sparrow laboratory onsite blood draws and other specimen collection. The applicant intends to connect residents with a pharmacy that will deliver residents' medication to the facility that will be dispensed by qualified staff members according to physician orders. The applicant intends to provide activities for

residents through the direction of a director of life enrichment and facilitated by an activity specialist trained in restorative care. These activities will include, but is not limited to music, crafts, church, exercise, and social events. The applicant will facilitate transportation to and from these activities. The applicant intends to provide residents with access to a beauty shop with a licensed hairdresser or a resident's personal hairdresser can provide services at the facility.

The program statement indicates the facility has been developed to provide a homelike care residence for persons aged 55 and older in need of assisted living services. The program statement indicates that all residents will have an assessment completed by staff, in conjunction with family consultation, to create an individualized program for each resident upon admission. This specialized plan is then used to maximize the skills and abilities the resident still possesses and to minimize further deterioration for as long as possible. The program statement indicates that a cornerstone of the applicant's philosophy is the necessity of supporting functional ability through meaningful activity, and residents will be encouraged to engage in purposeful activities in order to maintain competence and enhance self-esteem. Residents will be allowed to partake in normal and familiar activities of daily living, and opportunities will be provided which emphasize sensory and social stimulation. This may be as simple as helping with dishes, vacuuming, making their bed, and grooming, which fosters a sense of utility and achievement or as complex as assisting in meal planning or participating in games designed to promote mental stimulation. Activities such as these will be provided every day of the week and at all hours. Many activities will be scheduled and structured, and many will be spur of the moment thus meeting the ever-changing needs of residents. Administration, management, and staff will be committed to providing a safe and secure environment which recognizes and addresses the current and future needs of each resident. In order to accomplish this all employees will be required to undergo training, which will focus on the particular problems inherent with caring for aged individuals. Special emphasis will be placed on behavioral techniques, and methods of attention diversion, all of which can be effective in reducing or dealing with residents with varying emotional and behavioral needs. In addition, the applicant expressed a commitment to the goal of continually expanding and improving the program to offer the highest degree of quality care possible so that residents can experience the personal care, support and assistance necessary to live a comfortable and enriched life.

The applicant intends to accept referrals from Tri-County Office on Aging, Program of All-Inclusive Care for the Elderly (PACE), or residents with private sources for payment.

C. Applicant and Administrator Qualifications

The applicant is MCAP DeWitt Opco, LLC., a "Domestic Limited Liability Company", established in Michigan on 3/9/2020. 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 MCAP DeWitt Opco, LLC. have submitted documentation appointing Megan Fry as licensee designee and Melissa San Miguel as administrator for the facility.

A criminal history background check of Ms. Fry was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Fry submitted a statement from a physician documenting her good health dated 5/15/2020 and current negative tuberculosis test results dated 5/4/2020. Ms. Fry provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Fry provided written documentation that she has seven years of experience working with individuals who are aged, diagnosed with Alzheimer's disease or related conditions, and individuals diagnosed with a physical handicap. Ms. Fry stated she has experience working with individuals in licensed adult foster care facilities and homes for the aged. Ms. Fry stated she has significant experience planning, developing, implementing, and evaluating programs for seniors, as well as discharge planning, providing information to residents and families, and interviewing residents and families to obtain residents' social and medical history. Ms. Fry provided written documentation that she has been formally trained in providing high quality dementia care, communicating with older adults, mindfulness training for residents with dementia, emergency preparedness, prevention of falls, bloodborne pathogens, abuse/neglect of the elderly, resident rights, and privacy standards. Ms. Fry provided written documentation indicating her competence in nutrition, first aid, CPR, foster care as defined in the Act, as well as financial and administrative management.

A criminal history background check of Ms. San Miguel was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. San Miguel submitted a statement from a physician documenting her good health dated 4/9/2020 and current negative tuberculosis test results dated 1/8/2019. Ms. San Miguel provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. San Miguel provided documentation that she has 11 years of experience working with individuals who are aged, diagnosed with Alzheimer's disease or related conditions, and individuals diagnosed with a physical handicap. Ms. San Miguel stated she has experience working with individuals in licensed adult foster care facilities and homes for the aged. Ms. San Miguel stated she has significant experience planning, developing, implementing, and evaluating programs for seniors as well as discharge planning, providing information to residents and families, and interviewing residents and families to obtain residents' social and medical history. Ms. San Miguel provided written documentation that she has been formally trained in providing high quality dementia care, communicating with older adults with dementia, mindfulness training for residents with dementia, PTSD and addiction in older adults, ethics, conflict resolution, emergency preparedness, prevention of falls, bloodborne pathogens, abuse/neglect of the elderly, resident rights, and privacy standards. Ms. San Miguel provided written documentation indicating her competence in nutrition, first aid, CPR, foster care as defined in the Act, as well as financial and administrative management.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of two staff members for 20 residents per shift. The applicant expressed that the number of staff members will be increased to three staff members once the number or needs of the residents admitted to the facility requires three staff members. The applicant acknowledged that the staff to resident ratio may need to be changed 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 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.

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 temporary license to this AFC adult large group home with a capacity of 20 residents.

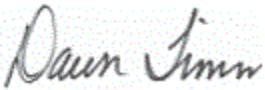


10/22/2020

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



10/28/2020

Dawn N. Timm
Area Manager

Date