



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 29, 2020

James Maxson  
Grand Vista Properties, LLC  
13711 Lyopawa Island  
Coldwater, MI 49036

RE: Application #: AL120406800  
**Grand Vista Properties**  
**99 Vista Drive**  
**Coldwater, MI 49036**

Dear Mr. Maxson:

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
301 E. Louis Glick Hwy  
Jackson, MI 49201  
(517) 262-8604

Enclosures

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL120406800
<b>Licensee Name:</b>	Grand Vista Properties, LLC
<b>Licensee Address:</b>	13711 Lyopawa Island Coldwater, MI 49036
<b>Licensee Telephone #:</b>	(517) 227-5225
<b>Administrator/Licensee Designee:</b>	James Maxson, Designee
<b>Name of Facility:</b>	Grand Vista Properties
<b>Facility Address:</b>	99 Vista Drive Coldwater, MI 49036
<b>Facility Telephone #:</b>	(517) 227-5225
<b>Application Date:</b>	12/18/2020
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODOLOGY

12/08/2020	Inspection Completed-Fire Safety: A See AL120337252
12/18/2020	On-Line Enrollment
12/18/2020	Contact - Document Received App; IRS ltr; 1326 for James (LD) & AFC100 for Amanda (Admin)
12/18/2020	File Transferred to Field Office - Jackson
12/22/2020	Application Complete/On-site Needed
12/22/2020	Inspection Completed On-site
12/24/2020	Contact - Document Received
12/24/2020	Contact - Document Received - Request to close license #AL120337252.
12/28/2020	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was previously licensed as Grand Vista (AL120337252).

#### A. Physical Description of Facility

This facility is a stick built, one-story, ranch style home with an attic and crawl space. The facility was built in 2012 and is located within the residential city limits of Coldwater, Michigan. The owner of the property is Grand Vista Properties, LLC.

The living areas of the facility includes a kitchen, breakfast bar, a dining room, living room, T.V. lounge room with a fireplace, a library, media center, and an activities room. There are 20 resident bedrooms and 17 full bathrooms. The facility is wheelchair accessible, and it has three approved means of egress, which are equipped with a ramp from the main level.

The home utilizes a public water supply and sewer disposal system.

The facility is equipped with a numeric pass key, and residents will be provided with the access code. Each resident will also be provided with a key to their bedroom and staff will have a master key, on their person, in case of an emergency.

The gas furnaces, water heaters, and dryers are located on the main level of the facility, and are in a room that is constructed of materials that provide a 1-hour-fire resistant rating with approved steel doors, in a fully stopped frame, which are equipped with an automatic self-closing device and positive-latching hardware.

The heat producing equipment has been inspected by the facility maintenance staff and Mr. Maxson reports that the systems are operational and functioning correctly.

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. The facility is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in full compliance with the applicable fire safety administrative rules.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'5" x 22'5"	303.7 Sq. Ft.	1
2	13'5" x 22'5"	303.7 Sq. Ft.	1
3	13'5" x 22'5"	303.7 Sq. Ft.	1
4	13'5" x 22'5"	303.7 Sq. Ft.	1
5	13'5" x 22'5"	303.7 Sq. Ft.	1
6	13'5" x 22'5"	303.7 Sq. Ft.	1

7	13'5" x 22'5"	303.7 Sq. Ft.	1
8	13'5" x 22'5"	303.7 Sq. Ft.	1
9	12' x 12'5" + 13'5" x 19'5"	413 Sq. Ft.	1
10	12' x 12'5" + 13'5" x 19'5"	413 Sq. Ft.	1
11	12' x 12'5" + 13'5" x 19'5"	413 Sq. Ft.	1
12	12' x 12'5" + 13'5" x 19'5"	413 Sq. Ft.	1
13	13'5" x 22'5"	303.7 Sq. Ft.	1
14	13'5" x 22'5"	303.7 Sq. Ft.	1
15	13'5" x 22'5"	303.7 Sq. Ft.	1
16	13'5" x 22'5"	303.7 Sq. Ft.	1
17	13'5" x 22'5"	303.7 Sq. Ft.	1
18	13'5" x 22'5"	303.7 Sq. Ft.	1
19	12' x 12'5" + 13'5" x 19'5"	413 Sq. Ft.	1
20	12' x 12'5" + 13'5" x 19'5"	413 Sq. Ft.	1

Living Room	22' x 35'10" = 788.2 Sq. Ft.
Dining Room	22' x 28'10" = 633.6 Sq. Ft.
Media Center	21'8" x 24' + 20' x 15'11" = 838.24 Sq. Ft.

All bedrooms are equipped with a kitchenette, microwave, and small refrigerator. Bedrooms 1-4 are studio bedrooms, and they are not equipped with a bathroom. There is a full bathroom and spa for the residents who occupy bedrooms 1-4. The facility is also equipped with a public restroom. Bedrooms 5-8 are studio deluxe bedrooms, which includes an attached full bathroom. Bedrooms 9-10 are one bedrooms; which includes a separate bedroom, a living room, and a full bathroom. Bedrooms 11 and 12 are one bedrooms; which includes a separate bedroom, a living room, and a full bathroom. Bedrooms 13-18 are studio deluxe bedrooms, which includes an attached full bathroom. Bedrooms 19 and 20 are one bedrooms; which includes a separate bedroom, a living room, and a full bathroom.

The indoor living and dining areas 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 or female residents who are aged, and are ambulatory, semi-ambulatory, or non-ambulatory; and that are not in need of skilled nursing care.

The program was designed to enhance the quality of life and independence of today's seniors. This program will include personalized care including assistance with activities of daily living, personal adjustment, independent living skills, social interaction, and opportunities for involvement in local educational and day programs. The facility will provide transportation through the local BETA Bus Transportation Department. The applicant intends to accept referrals from Choice Connections and residents with private sources for payment.

If required, behavior intervention and crisis intervention programs will be developed and identified in the assessment plans. These intervention programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the local opera house, senior center, movie theater, churches, and shopping which is within a one-mile radius of the facility. These resources provide an environment to enhance the quality of life and increase the independence of residents.

## **C. Applicant and Administrator Qualifications**

The applicant is "Grand Vista Properties, L.L.C.," a "Domestic Limited Liability Company," established in Michigan on June 12, 2017. 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. Mr. James L. Maxson is the sole member of "Grand Vista Properties, L.L.C." and he has submitted documentation appointing himself as the licensee designee for this facility and Ms. Amanda Burritt as the administrator of the facility.

Criminal history background checks of Mr. James Maxson and Ms. Amanda Burritt were completed, and they were determined to be of good moral character to provide licensed adult foster care. Mr. James Maxson submitted statement from a physician documenting his good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

The facility Licensee Designee, Mr. James Maxson, attended Eastern Michigan University and he received a Bachelor's Degree in Business Administration in 1984. He has several years' experience working in sales management, marketing, finance, accounting, and customer service. Mr. James Maxson has also been a primary caregiver for many relatives and close friends for the past several years. Mr. James Maxson has assisted these elderly individuals to regular and on-going medical checkups, cancer treatments, prepared meals, administered medications, and he is available to respond in case of an emergency. He also has experience working in a licensed adult foster care home.

The facility Administrator, Ms. Amanda Burritt, BSN, attended and graduated from Grand Valley State University (1997), Kellogg Community College (2004 & 2013), and The University of Michigan (2020). Ms. Burritt has several years' experience supervising staff and providing resident care. Her work experience includes being responsible for the daily assessments of residents, administering medications, wound care, blood draws, being a caregiver, triaging patients, communicating with families, staff, and physicians, and working on the code team in the emergency room.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 3 staff for 20 residents during the daytime shifts, and 1 to 20 during the sleeping hours. The applicant acknowledged that the staff to resident ratio may need to be increased 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 (<https://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 or licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medications will be stored in a locked medication room 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 acknowledge 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 residents' 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.

#### **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 large group home with a capacity of 20.

*Mahtina Rubritius*

12/28/2020

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:

*A. Hunter*

12/29/2020

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Ardra Hunter  
Area Manager

Date