



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 4, 2020

Marcia Curtiss
MCAP East Paris Opco, LLC
Suite 115
21800 Haggerty Rd.
Northville, MI 48167

RE: Application #:	AL410404575 Addington Place of East Paris #6 3980 Whispering Way, SE Grand Rapids, MI 49546
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Dear Mrs. Curtiss:

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 #:	AL410404575
Applicant Name:	MCAP East Paris Opco, LLC
Applicant Address:	Suite 115 21800 Haggerty Rd. Northville, MI 48167
Applicant Telephone #:	(248) 773-4600
Administrator/Licensee Designee:	Marcia Curtiss, Designee
Name of Facility:	Addington Place of East Paris #6
Facility Address:	3980 Whispering Way, SE Grand Rapids, MI 49546
Facility Telephone #:	(616) 949-9500
Application Date:	05/15/2020
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/15/2020	Enrollment
05/22/2020	Application Incomplete Letter Sent Updated 1326/Fingerprint/RI 030 for Marcia Curtiss and AFC 100 for Kathleen Hartley
05/28/2020	Inspection Report Requested – Fire Fire Inspection Completed on 01/07/2020, C rating. Corrective Action Plan received from LD, M. Curtiss re: Fire Inspection.
09/17/2020	Contact - Document Received 1326/Fingerprint/RI 030 for Marcia and revised app changing Administrator from Kathleen Hartley to Marcia Curtiss
09/17/2020	File Transferred to Field Office Grand Rapids
10/27/2020	Application Complete/On-site Needed
10/27/2020	Inspection Completed On-site
10/27/2020	Inspection Completed-BCAL Sub. Compliance
10/30/2020	Contact-Document Received Corrective Action Plan Received
11/02/2020	Recommend License Issuance

III. DESCRIPTION OF FINDINGS AND CONCLUSIONS

A. Physical Description of Facility

This facility is included in a complex of eight buildings owned by the MCAP Grand Rapids Opco, LLC. Five (5) of the eight buildings are licensed Adult Foster Care Facilities and the remainder are independent living buildings. This campus was licensed as Addington Place at East Paris under previous owner, Homestead Management, LLC, license number AL410007144. The five facilities are located on a large tree lined lot with a pond that is located on the property.

This facility is a single-story brick structure located in the Southeast area of the City of Grand Rapids between East Grand Rapids and the Forest Hills area. The campus in which this building sits is surrounded by apartment buildings, medical offices, and other commercial business buildings. The facility contains twenty single occupancy bedrooms situated down two straight hallways, 10 on each side with a bathroom and walk in shower in every room. This building is a “twin twenty” building as it is

attached by dining rooms to another building exactly like it. This building houses a wheelchair accessible shower room utilized by this building and the attached building. Adequate bathing facilities are available to accommodate the needs of the residents. The facility also contains a medication room/office area, dining room and a TV room. The facility is wheelchair accessible as it is all on one level and there are two approved means of egress from the home. Public water and septic systems are utilized by this facility.

Building 6 has 2 boilers that are gas and 2 hot water heaters that are also gas. Both boilers and hot water heaters are located off the kitchen. The boilers and hot water heaters are in a separate room 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. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.58X17.17	250	1
2	14.58X17.17	250	1
3	14.58X17.17	250	1
4	14.58X17.17	250	1
5	14.58X17.17	250	1
6	17.33X16.42	285	1
7	17.17X16	275	1
8	11.17X17.33	194	1
9	11.17X17.33	194	1
10	17.33X11.42	198	1
11	14.58X17.17	250	1
12	14.58X17.17	250	1
13	14.58X17.17	250	1
14	14.58X17.17	250	1
15	14.58X17.17	250	1
16	17.33X16.42	285	1
17	17.17X16	275	1
18	11.17X17.33	194	1
19	11.17X17.33	194	1
20	17.33X11.42	198	1

The living, dining, and sitting room areas measure a total of 926 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** 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** male or female ambulatory or non-ambulatory adults whose diagnosis is physically handicapped/aged, 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 private pay individuals

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.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's budget statements submitted to operate the adult foster care facility.

The applicant is MCAP Grand Rapids Opco, LLC, which is a Domestic Limited Liability Company, was established in Michigan in 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 Grand Rapids Opco, LLC have submitted documentation appointing Marcia Curtiss as Licensee Designee for this facility and Marcia Curtiss 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 2 staff –to- 20 residents for 1st and 2nd shifts and 1 staff to 20 residents during 3rd 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 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 temporary license to this AFC adult large group home (capacity 20).



11/04/2020

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



11/04/2020

Jerry Hendrick
Area Manager

Date