



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

March 24, 2021

Meagan Frye
A Place Called Home In Stevensville LLC
4167 N. Roosevelt Rd
Stevensville, MI 49127

RE: Application #: AL110405928
A Place Called Home in Stevensville LLC
4167 N. Roosevelt Rd
Stevensville, MI 49127

Dear Ms. Frye:

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 (616) 356-0183.

Sincerely,

Cassandra Duursma

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW, 7th Floor- Unit 13
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL110405928
Licensee Name:	A Place Called Home In Stevensville LLC
Licensee Address:	4167 N. Roosevelt Rd Stevensville, MI 49127
Licensee Telephone #:	269-876-6523
Administrator	Meagan Frye
Licensee Designee:	Meagan Frye
Name of Facility:	A Place Called Home In Stevensville LLC
Facility Address:	4167 N. Roosevelt Rd Stevensville, MI 49127
Facility Telephone #:	269-281-0357
Application Date:	09/24/2020
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

09/24/2020	On-Line Enrollment
11/02/2020	Contact - Document Received App; IRS ltr; 1326, RI-030 & AFC100 for Meagan (LD & Admin)
11/06/2020	Application Incomplete Letter Sent
02/02/2021	Contact- Document received Meagan Frye, Licensee Designee
02/10/2021	Contact - Telephone call received Meagan Frye, Licensee Designee
02/10/2021	Contact- Document received Meagan Frye, Licensee Designee
02/18/2021	Application Incomplete Letter Sent
02/19/2021	Contact- Document received Meagan Frye, Licensee Designee
03/04/2021	Contact- Document received Meagan Frye, Licensee Designee
03/09/2021	Contact- Document received Meagan Frye, Licensee Designee
03/10/2021	Contact- Document received Meagan Frye, Licensee Designee
03/16/2021	Inspection Completed On-site- Full Compliance
03/22/2021	Application Incomplete Letter Sent
03/23/2021	Contact- Document received Meagan Frye, Licensee Designee

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Golden Age Manor is an elongated two-story colonial style home in Lincoln Township, that has had many additions added onto it. It has been licensed as an Adult Foster Care home on multiple occasions. The basement and second story will

not be utilized by residents and both are primarily used for storage. The home is on the edge of a rural community but also close to retail and industrial facilities.

The home has 15 bedrooms located on the main level. There are thirteen bedrooms for resident use, one bedroom for storage, and another bedroom for staff personal occupancy. Six of the resident bedrooms are single occupancy. Seven of the resident bedrooms are double occupancy. Each bedroom in the home has an attached bathroom. There is an additional large, common bathroom for assisted bathing or showers which has a roll-in shower for residents who use wheelchairs. There is also a half-bath off of the common room for staff use.

Also on the main floor is a very large day room, a full dining room, and another common room for resident use. The home has a fully equipped kitchen with industrial equipment for dish sanitation, refrigeration, and cooking. The dining room is large enough to seat all residents at the same time and is also used for leisure and planned recreational activities. There is a full laundry room and a room with beauty shop equipment. There is a staff office and a separate medication area for staff use. There are multiple storage closets throughout the facility. The home is wheelchair accessible with two ramps from different exits leading to the outside.

Fire Safety - The facility received an “A” rating on the fire safety inspection conducted on 12/17/2020, indicating it is in full compliance with fire safety rules. The licensee has demonstrated an understanding of emergency procedures for evacuation for fire as well as for severe weather and other emergencies. The doorways to the upstairs and to the basement are 1 ¾” solid wood with self-closing devices. There are 3 exits off the main level, two with ramps. Emergency numbers and procedures are posted as required. The facility is in full compliance with all fire safety requirements.

Sanitation – This home has public water and public sewer services. The facility has municipal garbage service provided on a weekly basis. All areas of the facility are clean, orderly, and well-maintained and the facility is in compliance with physical plant requirements.

The gas furnace and water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top/bottom of stairs. The facility is equipped with interconnected, smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
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All	14' 6" X 12'	174 SF	13: 6 single occupancy & 7 double occupancy
Day Room	36'7" X 25'	915 SF	
Common Room	15' 4" X 9'	138 SF	
Dining Room	30' 9" X 15' 4"	471	

The living, dining, and common room areas measure a total of 1698 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

Golden Age Manor will accept people who are aged and physically handicapped. The home is wheelchair accessible. The facility will provide personal care, protection, and supervision in addition to room and board 24 hours/day. Services to residents will include three nutritious meals per day, social interaction, personal hygiene, and personal adjustment skills, public and personal safety, and an opportunity for involvement in educational or day programs, and administration of medication. Transportation is assured via public transportation or by ambulance in an emergency. The applicant intends to accept residents from local resources including PACE, Area Agency on Aging, and private pay individuals.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including public parks and library, local community center, shopping centers, and churches, etc. The home intends to allow in-home leisure activities to be provided by volunteers when available.

C. Applicant and Administrator Qualifications

The members of A Place Called Home In Stevensville LLC, have submitted documentation appointing Meagan Frye as Licensee Designee and Administrator of the facility.

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by his current budget, past performance of the facility, and the projected income from caring for AFC residents.

The applicant has indicated that the staffing will be two to three direct care staff on-site for up to twenty residents and one to two staff to twenty (20) residents during sleeping hours. The applicant acknowledges that the number of direct care staff on-site-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

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 their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person and volunteers.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. 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 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 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 resident's 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 and agrees to respect and safeguard these 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

A criminal history check was conducted and determined that applicant/licensee is of good moral character and eligible for employment in a licensed adult foster care facility. The applicant submitted a statement(s) from a physician documenting his good health and current TB-tine negative results. The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She operated an adult foster care facility where she was responsible for providing care to residents who are aged and physically handicapped since 2015.

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 resident's personal money transactions that have been agreed to be managed by the applicant.

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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.

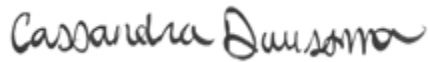
The applicant acknowledges the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rules or 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 a temporary license be issued to this large Adult Foster Care Home, capacity 20.



03/23/2021

Cassandra Duursma
Licensing Consultant

Date

Approved By:



03/24/2021

Jerry Hendrick
Area Manager

Date