



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 22, 2021

Betty Beemon  
NBMC Compassionate Care Managed Services, LLC  
705S 11th St  
Saginaw, MI 48601

RE: Application #:	AS730406126 NBMC Compassionate Care Adult Foster Care 705 S 11th St Saginaw, MI 48601
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Dear Ms. Beemon:

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 5 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 (810) 787-7031.

Sincerely,

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
989-395-6853

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS730406126
<b>Licensee Name:</b>	NBMC Compassionate Care Managed Services, LLC
<b>Licensee Address:</b>	318 Carrington St Hutto, TX 78634
<b>Licensee Telephone #:</b>	989-401-6511
<b>Licensee Designee:</b>	Betty Beemon
<b>Administrator:</b>	Tina Mata
<b>Name of Facility:</b>	NBMC Compassionate Care Adult Foster Care
<b>Facility Address:</b>	705 S 11th St Saginaw, MI 48601
<b>Facility Telephone #:</b>	(989) 401-6511
<b>Application Date:</b>	10/05/2020
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

10/05/2020	Enrollment
10/14/2020	Application Incomplete Letter Sent 1326 signed, AFC100 for Betty, Tax ID letter
10/14/2020	Contact - Document Sent AFC100
10/28/2020	Contact - Document Received AFC100
11/16/2020	Application Incomplete Letter Sent
02/09/2021	Application Complete/On-site Needed
02/10/2021	Inspection Completed On-site
02/10/2021	Inspection Completed-BCAL Sub. Compliance
02/12/2021	Application Incomplete Letter Sent
03/05/2021	Inspection Completed On-site
03/15/2021	Inspection Completed-BCAL Sub Compliance
03/15/2021	Confirming Letter Sent
03/22/2021	Contact- Document Received Verification of fire door installation received.
03/22/2021	Inspection Completed- BCAL Full Compliance
03/22/2021	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The property located at 705 S. 11<sup>th</sup> St Saginaw, MI 48601, is leased by licensee designee Betty Beemon. The home is located in the city of Saginaw, MI, about a block east of East Genesee Ave, and several blocks north of M-46. The home is a one- story structure, with vinyl siding, and an attached garage. This home has public sewer and water.

There are two double occupancy bedrooms, and one single occupancy bedroom. There is a kitchen and dining room area, as well as a living room, and one bathroom. All rooms are located on the same level. The home does not have a basement.

The furnace and hot water heater are located in the garage with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware separating the kitchen from the garage area. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. A hot water heater and furnace inspection was conducted on 12/01/2020 by *Reliable Heating & Air Conditioning* and was found to be in good working order.

The home is not wheel-chair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-NW	10 ft 7.5 in X 14ft 11in	158.5 sq. ft.	2
2-NE	11ft 11 in X 11 ft	131.1 sq. ft.	2
3-SE	10 ft X 11 in X 8 ft 10 in.	96.43 sq. ft.	1

The living, dining, and sitting room areas measure a total of 307.2 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** 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 **five (5)** male or female ambulatory adults, aged 18 and older, whose diagnosis is physically handicapped, aged, or Alzheimer's, 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. Residents will be referred from hospitals, rehab centers, and nursing homes.

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 provide 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, local events, and local parks.

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

The applicant is NMBC Compassionate Care Managed Services, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/27/2020. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of NMBC Compassionate Care Managed Services, L.L.C. has submitted documentation appointing Betty Beemon as Licensee Designee for this facility and Tina Mata 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 5-bed facility is adequate and includes a minimum of 1 staff –to- 5 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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**

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 adult foster care small group home (capacity 5).



03/22/2021

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Shamidah Wyden  
Licensing Consultant

Date

Approved By:



03/22/2021

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Mary E Holton  
Area Manager

Date