



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 15, 2021

Eli Dukes
11123 205th Avenue
Big Rapids, MI 49307

RE: Application #: AF540408003
Heights Manor 2
19358 Golfview Dr
Big Rapids, MI 49307

Dear Mr. Dukes:

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 6 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 "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF540408003
Applicant Name:	Eli Dukes
Applicant Address:	19358 Golfview Dr Big Rapids, MI 49307
Applicant Telephone #:	(231) 629-1885
Licensee:	Eli Dukes
Administrator:	N/A
Name of Facility:	Heights Manor 2
Facility Address:	19358 Golfview Dr Big Rapids, MI 49307
Facility Telephone #:	(231) 629-1185 04/02/2021
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

04/02/2021	Enrollment
04/08/2021	PSOR on Address Completed
04/08/2021	Contact - Document Received AFC100 for Eli & Wendy
04/08/2021	Application Incomplete Letter Sent 1326 for Eli
04/08/2021	Contact - Document Sent- 1326
04/08/2021	Inspection Report Requested - Health Invoice No: 1031450
04/08/2021	Contact - Document Received- 1326 for Eli
04/09/2021	Application Incomplete Letter Sent
04/21/2021	Environmental Health Inspection Approved A Rating.
05/04/2021	Inspection Completed On-site Physical Plant inspection and paperwork review.
05/04/2021	Inspection Completed-BCAL Sub. Compliance Self-Closing Fire Rated Doors on Furnace Rooms.
05/04/2021	Corrective Action Plan Received
05/04/2021	Corrective Action Plan Approved
06/08/2021	Inspection Completed On-site CAP Compliance, everything in order.
06/08/2021	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Height Manor 2 is a quad-level home with aluminum and vinyl siding located on the 14th hole of a golf course. The front of the home has a covered porch and the yard is nicely landscaped. When entering through front door, you are greeted by a living room that opens into a dining room and a kitchen which has a sliding glass door leading to a patio. When in the living room to the right is a set of stairs leading to an upstairs area that consists of three bedrooms and a full bathroom with a bathtub. Two of the bedrooms

are for residents and the remaining bedroom is for the owner. While in the dining room, there is a set of stairs to the right the descends to a family room with a fireplace and television. On this level is a resident bedroom and a full bathroom with a walk-in shower. Off the family room is a sunroom with heated tile flooring entered through a set of French doors. The sunroom has two egress doors to the outside leading to a patio. On this floor is another small set of stairs that leads to a basement level which consists of a game room and the furnace room. The kitchen also has an exit door leading into a two-car garage. At the back end of the garage is another door leading to an addition off the back of the garage that houses a laundry room, office and two additional resident bedrooms. Residents living in the resident bedrooms located in the addition area of the facility will be supervised by the licensee as well as direct care staff members. Additionally, cameras will be located in common areas such as hallways to alert direct care staff if emergency care is needed for a resident while staff are located in another area of the facility. The home is **NOT** wheelchair accessible and does not have an approved means of egress that is equipped with a ramp from the first floor.

The home utilities private water supply and sewage disposal system. These systems were inspected by Central Michigan Health department on April 21, 2021 and found to be in full compliance with applicable environmental health rules. The home is heated by natural gas-forced air. The furnace and hot water heater are located in the basement in a separate room from the game room and is separated with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The original structure 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 addition behind the garage has battery-powered, single-station smoke detectors have been installed near and in the sleeping areas. Smoke detection systems and fire extinguishers are located on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1 (7 on diagram)	13'5" X 12'4"	167.4 sq. ft.	1
Bedroom #2 (8)	9'9" X 11'9"	117.81 sq. ft	1
Bedroom #3 (9)	10'11" X 15'	151.65 sq. ft	2
Bedroom #4 (16)	9'7" X 9'8"	95.06 sq. ft	1
Bedroom #5 (17)	9'7" X 9'8"	95.06 sq. ft.	1

Living Room (1)	13'7" X 19'	260.3 sq. ft.	
Family Room (3)	13'3" X 21'8"	289.94 sq. ft.	
Game Room (12)	13'5" X 19'8"	267.3 sq. ft.	

The indoor living and dining areas measure a total of 817.54 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 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 six male and female residents who are aged, mentally ill, and developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from local and surrounding CMH providers, Veterans Administration, and residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative, or 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 local festivals and parks, the public library, local museums, shopping centers, and churches. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of applicant Eli Dukes and responsible person Wendy Barr were completed and both were determined to be of good moral character to provide licensed adult foster care. Mr. Dukes and Ms. Barr submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Dukes has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents to include income from small group adult foster care home which Mr. Dukes owns.

Mr. Dukes acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

Mr. Dukes acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

Mr. Dukes acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

Mr. Dukes acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Dukes acknowledge 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.

Mr. Dukes acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Mr. Dukes 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.

Mr. Dukes acknowledged the 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.

Mr. Dukes acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident’s file.

Mr. Dukes 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 resident personal money transactions that have been agreed to be managed by the applicant.

Mr. Dukes acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

Mr. Dukes acknowledged 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 issuing a discharge before a 30-day written discharge notice.


Mr. Dukes acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules and 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 family home with a capacity of six residents.



06/09/2021

Bridget Vermeesch
Licensing Consultant

Date

Approved By:



06/15/2021

Dawn N. Timm
Area Manager

Date