



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 25, 2021

Marci Thelen
Good Vibes AFC LLC
10697 W Pratt Rd
St. Johns, MI 48879

RE: Application #: AM340405168
Good Vibes AFC LLC
11755 E Bluewater Hwy
Pewamo, MI 48873

Dear Ms. Thelen:

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 8 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,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov
(989) 444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM340405168
Licensee Name:	Good Vibes AFC LLC
Licensee Address:	10697 W Pratt Rd St. Johns, MI 48879
Licensee Telephone #:	(517) 719-7339
Administrator:	Marci Thelen
Licensee Designee:	Marci Thelen
Name of Facility:	Good Vibes AFC LLC
Facility Address:	11755 E Bluewater Hwy Pewamo, MI 48873
Facility Telephone #:	(517) 719-7339
Application Date:	07/28/2020
Capacity:	8
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

07/28/2020	On-Line Enrollment
09/01/2020	Contact - Document Received App; AFC100 for Marci (LD & Admin)
09/01/2020	Contact - Document Received IRS ltr
09/01/2020	Contact - Document Received AFC100 for Marci (LD & Admin)
09/24/2020	Contact - Document Received 1326A & RI-030 for Marci (LD & Admin)
09/24/2020	Contact - Document Sent Fire Safety String
10/27/2020	Application Incomplete Letter Sent
05/17/2021	Application Incomplete Letter Sent
06/23/2021	Contact - Document Received First Aid, CPR, and nursing license from Marci
06/25/2021	Contact - Document Received Andrews first responder license
07/07/2021	Contact - Document Received Permission to inspect, designated person emailed
07/09/2021	Contact - Document Received Personnel policies emailed
07/30/2021	Inspection Completed On-site
07/30/2021	Application Complete/On-site Needed
08/04/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property known as Good Vibes AFC, LLC is located at 11755 E Bluewater Hwy, Pewamo, MI 48873. The home is situated on M-21 in the village of Pewamo; ten miles east of Ionia, MI. Good Vibes AFC, LLC is a large six bedroom ranch home sitting on three acres in a peaceful country setting. The facility has ample parking for staff and

visitors. Ionia is the nearest town which includes a movie theatre, shopping, bowling alley, library, hospital, and restaurants.

The single story home is unique as it was a former bank remodeled to the current adult foster care facility. The home is vinyl sided and has a parking lot in front of the main entrance. The main entrance and emergency exit on the east side of the building are both at grade level making the facility wheelchair accessible. The home contains a living room, dining room, kitchen, and four private bedrooms, two semi-private bedrooms, two full resident bathrooms, utility room, and staff office. The home does not have a basement. The living room has a sliding glass door that opens on to a patio. The home utilizes public well and sewage systems. The main entrance opens to an open floor plan including the living, kitchen, and dining rooms. There are two main hallways on each side of this open space. The east hallway includes the staff office, laundry, two resident bedrooms, and a full resident bathroom. The emergency exit is also at the end of this hallway. The west hallway includes four resident bedrooms and a full resident bathroom at the end of the hall.

The home is equipped with two grade level means of egress from the front and side entrance, so non-ambulatory residents that require the use of a wheelchair would be able to exit and enter the facility.

The natural gas furnace and water heater at Good Vibes, LLC is located in an enclosed utility room at the end of the hallway. The furnace room is separated by an appropriately rated fire door with an automatic self-closer and non-locking against egress door hardware. A permanent outside vent which cannot be closed is incorporated into the design of the heating plant room so that adequate air for proper exhaust is assured.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician from Dependable Fire Protection, Inc. on June 10, 2021. The smoke detection system is fully operational and the home is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on June 24, 2021.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'3" X 9'3"	113.31	1
2	12'4" x 11'5"	140.81	1
3	10'6" X 15'9"	165.38	1
4	15'11" X 15'11"	253.34	2
5	16'11" X 11'6"	194.54	2
6	15'1" X 9'7"	144.55	1

Total Capacity: 8

The indoor living and dining areas measure a total of 604 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **eight (8)** 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 **eight (8)** male and/or female residents who are aged or who have Alzheimer's Disease or related conditions. The program will include social interaction; training to develop personal hygiene, personal adjustment, and public safety. Ms. Thelen intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques 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 Ms. Thelen to utilize local community resources for recreational activities including the church, farmers market, or shopping centers. Ms. Thelen also plans to provide activities in the home such as gardening, daily exercise, crafts, and card games. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Good Vibes AFC, L.L.C., a "Domestic Limited Liability Company", established in Michigan on July 24, 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 Good Vibes AFC, L.L.C. have submitted documentation appointing Marci Thelen as licensee designee and administrator for this facility.

A licensing record clearance was completed with no LEIN convictions recorded for Ms. Thelen, licensee designee and administrator. Ms. Thelen submitted a medical clearance request with statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Thelen have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Thelen has over fifteen years of employment history as a nurse. She earned her RN license in 2013

from Lansing Community College and since that time has been employed in a variety of healthcare settings such as emergency room, hospice, and primary care. She also has experience working with individuals diagnosed with Alzheimer's disease. Her husband, Andrew Thelen has been a medical first responder since 2017 and currently holds a medical first responder license through Tri-County Emergency Medical Authority. Ms. Thelen has an extensive admission process in place to ensure the compatibility of residents with varying needs and to ensure direct care staff member are adequately trained to provide appropriate care to residents.

The staffing pattern for the original license of this eight bed facility is adequate and includes a minimum of one staff per waking hours and one non-sleeping staff during sleeping hours. Ms. Thelen 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. All direct care staff members shall be awake during sleeping hours.

Ms. Thelen 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.

Ms. Thelen 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.

Ms. Thelen acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Thelen acknowledges 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.

Ms. Thelen 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 designee will administer medication to residents. In addition, Ms. Thelen 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.

Ms. Thelen acknowledges 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, Ms. Thelen 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.

Ms. Thelen acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Thelen acknowledges 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.

Ms. Thelen 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.

Ms. Thelen acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Thelen 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 resident personal money transactions that have been agreed to be managed by the applicant.

Ms. Thelen 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. Ms. Thelen indicated the intent to respect and safeguard these resident rights.

Ms. Thelen 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. Ms. Thelen 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.

Ms. Thelen 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.

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

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 medium group home with a capacity of eight (8) residents.

Jennifer Browning

Jennifer Browning
Licensing Consultant

8/5/2021

Date

Approved By:

Dawn Timm

08/25/2021

Dawn N. Timm
Area Manager

Date