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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 16, 2021

Lori Schwerin
5111 Dale St.
Midland, MI 48642

RE: Application #: AS560405805
Mt Forest Senior Living
1606 E Wheeler Rd
Midland, MI 48642

Dear Ms. Schwerin:

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 (810) 787-7031.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS560405805
Applicant Name:	Lori Schwerin
Applicant Address:	5111 Dale St. Midland, MI 48642
Applicant Telephone #:	(989) 488-9135
Administrator:	Lori Schwerin
Name of Facility:	Mt Forest Senior Living
Facility Address:	1606 E Wheeler Rd Midland, MI 48642
Facility Telephone #:	(989) 488-9135
Application Date:	09/07/2020
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

09/07/2020	Enrollment
09/15/2020	Contact - Document Received 1326
11/13/2020	Contact - Telephone call received VM from Lori Schwerin requesting information on which AFC consultant has been assigned to this enrollment.
11/16/2020	Contact - Telephone call made Returned call to Ms. Schwerin regarding assignment of consultant.
11/18/2020	Contact - Telephone call received Phone call from Lori Schwerin asking if enrollment paperwork has been received yet.
11/19/2020	Contact - Telephone call made TC to applicant stating that enrollment materials were received and are now being forwarded to the licensing consultant in the Saginaw office.
12/22/2020	Application Incomplete Letter Sent
01/29/2021	Inspection Completed On-site
01/29/2021	Inspection Completed-BCAL Sub. Compliance
02/05/2021	Inspection Completed On-site
02/05/2021	Inspection Completed-BCAL Full Compliance
02/16/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property known as Mt Forest Senior Living is located at 1606 E. Wheeler Road., Midland, Michigan 48642. The property is being leased with option to purchase by Dale and Lori Schwerin. This one-story property is situated on a large 0.41 lot located in the City of Midland. There is ample parking available for this facility. Mt Forest Senior Living is barrier free facility in the city, not far from dining and shopping areas. The exterior of the home is well-kept and is equipped with plenty of space for residents to move about. The facility is built upon a large walkout basement which features a one (1) bedroom, full bathroom, office, large utility area, storage area, living room and extra storage area.

The laundry will be completed in the basement area as well. On the main floor, the facility is equipped with another large living room, dining room, kitchen, one and a half bathrooms and three (3) bedrooms. Of the three (3) bedrooms on the main floor, one of them is a private bedroom. There is also a private bedroom in the basement. The facility is heated, and air conditioned with thermostatic controls in the common area. The capacity of this facility will enable six (6) residents to utilize as many beds.

The facility is equipped with one natural gas furnace which is located in the utility closets. The furnace was tested and approved by a licensed HVAC company on 01/30/2021. The facility is equipped battery operated smoke detection system. Fire extinguishers and emergency evacuation plans are placed throughout the facility. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedrooms #	Bedroom Dimensions	Total Square Footage	Number of Beds
North	13' X 7'6"	97.5	1
East	10'5" X 12'6"	130.21	2
South	10'10" X 13"	140.83	2
Basement	12' 11.5" X 11	142.54	1

The main floor living room, dining room, and kitchen areas and the 2nd living room in basement, measure a total of 950.02 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. On 02/05/2021, I determined that Mt Forest Senior Living was in compliance with the Maintenance of Premises Rules for Adult Foster Care Small Group Homes. Based on the above information, it is concluded that this facility can accommodate six (6) Aged adult 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 six (6) male and/or female adults, who are of the Aged population, in the least restrictive environment possible. This facility is wheelchair accessible. 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.

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 arrange for 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, and local parks.

C. Licensee and Administrator Qualifications

The applicant is Lori Schwerin. 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. Documents were received naming Lori Schwerin as the licensee designee and the administrator.

A licensing record clearance request was completed with no lien convictions recorded for the licensee designee / administrator, Lori Schwerin. Lori Schwerin submitted a medical clearance request with statements from a physician documenting their 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 staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff- to- six residents per shift. Additional staff will be utilized as needed. 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), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employees 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.

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 AFC adult small group home (capacity 1-6).

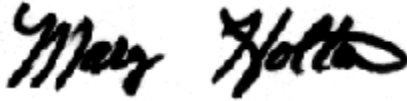


02/16/2021

Anthony Humphrey
Licensing Consultant

Date

Approved By:



02/16/2021

Mary E Holton
Area Manager

Date