



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 24, 2021

Brenda Kirtley  
Meadows by the Lake Inc.  
PO Box 213  
Stanton, MI 48888

RE: Application #: AL590404706  
**Meadows by the Lake**  
**904 Oak Drive**  
**Greenville, MI 48838**

Dear Ms. Kirtley:

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 16 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](mailto: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**

<b>License #:</b>	AL590404706
<b>Applicant Name:</b>	Meadows by the Lake Inc.
<b>Applicant Address:</b>	731 S. Nevins Road Stanton, MI 48888
<b>Applicant Telephone #:</b>	(616) 232-2221
<b>Administrator:</b>	Brenda Kirtley
<b>Licensee Designee:</b>	Brenda Kirtley
<b>Name of Facility:</b>	Meadows by the Lake
<b>Facility Address:</b>	904 Oak Drive Greenville, MI 48838
<b>Facility Telephone #:</b>	(616) 894-8198
<b>Application Date:</b>	05/27/2020
<b>Capacity:</b>	16
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

## II. METHODOLOGY

05/27/2020	Enrollment
06/08/2020	Application Incomplete Letter Sent App - Corp; \$150; IRS letter; 1326, RI-030, & FPs for Brenda; AFC 100 for admin
06/09/2020	Contact - Document Received Add'l \$150; Ck #1962; App - Corp (6/12/20)
06/15/2020	Contact - Document Received IRS letter
06/16/2020	Contact - Document Received 1326, RI-030, & AFC100 for Brenda (LD & Admin); med cl & TB for Brenda
08/31/2020	Contact - Document Sent Fire Safety String
08/31/2020	Inspection Report Requested - Health
09/21/2020	Application Incomplete Letter Sent
10/09/2020	Inspection Completed-Env. Health: A
04/16/2021	Application Incomplete Letter Sent - Emailed letter to her.
04/16/2021	Contact - Telephone call made to Brenda to check status of documents / fire.
08/30/2021	Contact - Document Received Articles of Incorporation, Board of Directors, Zoning approval, designated person, floor plan, house guidelines, proof of ownership
09/02/2021	Contact - Telephone call received from Phillip Scheer BFS - Inspection was done and passed. Report will come soon.
09/03/2021	Inspection Completed On-site with Brenda Kirtley, Maggie Boteck, and Cheryl Williams
09/03/2021	Inspection Completed-BCAL Sub. Compliance- Received updated medical and TB for Ms. Kirtley.
09/09/2021	Inspection Completed On-site
09/09/2021	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Meadows by the Lake is a single story, ranch style building situated on a quiet street near Turk Lake in Greenville, Michigan. The facility has eighteen bedrooms, two full bathrooms, and three half baths. The facility is separated into six pods with each one having a separate sitting room area furnished with furniture and a television. There are eighteen resident bedrooms; three of which are large enough to allow for double occupancy with the remaining being private resident bedrooms. Meadows by the Lake is wheelchair accessible and has at least two approved means of egress from the first floor exiting from the main entrance and the side entrance at the end of the main hallway. Both of these means of egress exit into the parking lot. There is a dining area that seats at least twenty residents, kitchen, craft room, laundry room, and exercise area. The facility utilizes private well and septic system. The facility was inspected by a sanitarian from the Mid-Michigan District Health Department on September 29, 2020 and was determined to be in substantial compliance with all applicable rules.

The facility uses a natural gas system with two natural gas water heaters and five natural gas furnaces. There are two utility rooms which are only accessible from the outside of the facility. The facility is equipped with an interconnected, hardwired smoke detection system with battery backup which was installed by a licensed electrician and is fully operational and 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. The facility was given final approval by Bureau of Fire Services on September 2, 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	11'4 X 6'7"	74.61	1
2	9'5 X 11'	103.58	1
3	14'7" X 9'1"	132.47	1
4	14'7" X 8'11"	130.03	1
5	15'8 X 8'4"	130.56	1
6	13'8 X 11'3"	153.75	1
7	9'2 X 15'8"	143.61	1
8	8'6" X 15'7"	132.46	1

9	14'4" X 13'9"	197.08	2- Not using at this time.
10	13'4" X 8'9"	116.67	1
11	22'3" X 15'8"	348.58	2
12	7'10" X 18'6"	144.92	1
14	9'5" X 10'1"	94.95	1
15	11'4" X 9'9"	110.5	1
16	22'7" X 9'8"	218.31	2- Not using at this time.
17	16' X 9'6"	152	1
18	16 X 9'5"	150.67	1

Total capacity – 16

The indoor living and dining areas measure a total of 2,208 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 **16** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Ms. Kirtley intends to provide 24-hour supervision, protection, and personal care to sixteen male and/or female residents who are aged, physically handicapped, developmentally disabled, and/or those who have been diagnosed with Alzheimer's Disease. The program will include identifying, emphasizing, and building on each resident's abilities, social interaction to develop and maintain meaningful relationships; encourage independence and community involvement. The applicant intends to accept referrals from Montcalm and Kent County DHHS, Area Agency on Aging, Reliance, Veteran's Affairs, and residents with private sources for payment.

For residents diagnosed with Alzheimer's Disease and/or a related condition, additional assessment information will be gathered at the time of admission to better understand how the diagnosis of Alzheimer's/dementia impacts the individual so that staff members can be properly informed of how best to care for that individual on a daily basis. The facility will continually assess the resident and share progress and changes and make adjustments as necessary in the resident's care plan. Staff members are trained to understand the disease process of Alzheimer's/dementia and how to approach a person who has dementia. Staff are trained using the "Best Friends Approach" which allows the resident to function at the highest level of independence within a safe environment. The staff will be trained with practical approaches for interactions, recognizing signs of problems and how to manage difficult behaviors. The exit doors are all alarmed and other security mechanisms can be added as needed.

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.

In addition to the above program elements, it is the intent of the Ms. Kirtley to utilize local community resources for recreational activities including Turk Lake, churches, shopping, and plans to partner with local schools to bring children into the facility for activities. Meadows by the Lake has an exercise room, library, and a craft area which will also provide activities for the residents. These resources provide an environment to enhance the quality of life of residents.

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

The applicant is Meadows by the Lake, Inc., a “For Profit Corporation” established in Michigan on December 18, 2019. 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 Board of Directors of Meadows by the Lake, Inc. has submitted documentation appointing Brenda Kirtley as licensee designee and administrator for this facility.

Criminal history background checks of Ms. Kirtley were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Kirtley submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Kirtley have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Kirtley has several years of experience working in healthcare positions. She earned her Licensed Practical Nurse in Arizona and in Michigan in 2007. She has worked in skilled nursing facilities, emergency departments, private duty nursing, and home care nursing. Ms. Kirtley also owns a personal care company that provides home help services.

The staffing pattern for the original license of this 16 bed facility is adequate and includes a minimum of two staff for sixteen residents per shift. Ms. Kirtley acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Kirtley has indicated that direct care staff will be awake during sleeping hours.

Ms. Kirtley 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. Kirtley acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Kirtley 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Kirtley 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, 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.

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

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

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

Ms. Kirtley 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. Kirtley 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.

Ms. Kirtley 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 family home with a capacity of sixteen male and / or female residents.

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

9/17/2021

Date

Approved By:

*Dawn Timm*

09/24/2021

Dawn N. Timm  
Area Manager

Date