



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 16, 2020

Brooke Selleck-Fredrickson
The Mitten Adult Foster Care L.L.C.
1546 N. Royston Road
Charlotte, MI 48813

RE: Application #: AM230402660
The Mitten Adult Foster Care LLC
4957 Burt Avenue
Grand Ledge, MI 48837

Dear Ms. Selleck-Fredrickson:

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 12 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 "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM230402660
Applicant Name:	The Mitten Adult Foster Care L.L.C.
Applicant Address:	4957 Burt Avenue Grand Ledge, MI 48813
Applicant Telephone #:	517-898-1983
Administrator:	Brooke Selleck-Fredrickson
Licensee Designee:	Brooke Selleck-Fredrickson
Name of Facility:	The Mitten Adult Foster Care LLC
Facility Address:	4957 Burt Avenue Grand Ledge, MI 48837
Facility Telephone #:	(517) 898-1983
Application Date:	12/04/2019
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

12/04/2019	Enrollment
12/06/2019	Contact - Document Sent Act booklet
12/06/2019	Application Incomplete Letter Sent App - Corrected; 1326A, RI-030, & FPs for Brooke (LD & Admin)
12/16/2019	Contact - Document Received App - Corrected; IRS ltr
01/07/2020	Inspection Completed-Fire Safety : A See AM230258398
01/21/2020	Contact - Document Received 1326, RI-030, & AFC100 for Brooke
01/21/2020	Lic. Unit file referred for background check review Brooke (LD & Admin)
01/22/2020	File Transferred To Field Office Lans
01/24/2020	Application Incomplete Letter Sent
02/25/2020	Lic. Unit file referred for background check review
04/02/2020	Contact - Telephone call made with LD Brooke- discussion of paperwork and needed corrections.
04/13/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Mitten Adult Foster Care LLC is a one-story ranch style facility that has nine resident bedrooms, three full bathrooms, a living area, two dining areas, a kitchen and a laundry room. One resident bedroom has a private half-bathroom. The facility has an attached two car garage on the northeast side of the facility and a deck on the northside of the facility. The facility is located in the city of Grand Ledge and has restaurants, shopping, banks, post office, library, doctors, hospitals and a variety of churches. The facility has ample parking for staff and visitors. The facility is equipped with cable television in the living room along with individual cable hookup in every resident bedroom and Wi-Fi for resident's use.

The facility has a separate heating plant enclosure that is located in the basement. There is a self-closing 1-3/4-inch fire door separating the heating plant from the rest of the basement. The heating plant consists of a forced air furnace operating on a boiler in the basement which was inspected and approved on 01/14/2020 by Shield & Sons. The front of the house which contains five resident bedrooms, the living room and kitchen has central air conditioning.

The home has a hot water heater located in the basement of the facility. The facility utilizes public water supply and sewage disposal system. Additionally, the basement area will not be utilized or accessible to residents.

The basement is currently occupied by the licensee designee/administrator Ms. Selleck-Fredrickson, her husband and three minor children and will not be accessible to residents. The basement contains one full bathroom, a living area and two bedrooms. Ms. Selleck-Fredrickson is leasing this property and the landowner. Copies of the lease and permission to inspect has been obtained.

The facility is equipped with interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility was inspected by De Lau fire services on 01/28/2020 and determined that the "system was normal." The facility has been determined by the Bureau of Fire Services to be in substantial compliance with the applicable fire safety administrative rules. The facility received a substantial full compliance rating on 01/07/2020.

The facility intends to provide services to both male and female residents who are over the age of 18 and who are physically disabled and or aged. The facility is wheelchair accessible and has a wheelchair ramp at the south front entrance and on the east side entrance of the facility. The facility hallways and bathrooms are wheelchair accessible. The facility has nine resident bedrooms on the first floor of the facility that contains both private and double occupancy bedrooms.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'10 X 17'8	297	2
2	12' X 10'	120	1
3	12'10" X 11'4"	145	2
4	12'10" X 15'2"	195	2
5	11'2 X 10'2"	114	1
6	15'4" X 13'3"	203	2
7	12' X 12'	144	2
8	15'6" X 15'8"	240	2

9	15'6 X 10	155	2
Living room	15 X 23	345	0
Dining room #1	11 X 11	121	0
Dining room #2	9 X 6	54	0
Kitchen	27' X12	324	0
Office	10' X 7'	70	0

Although several of the resident bedrooms are large enough to accommodate two people in the same room it is licensee designee Ms. Brooke Selleck-Fredrickson's responsibility not to exceed the facility's licensed capacity of twelve residents.

The indoor living and dining areas measure a total of 844 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 12 male and/or female residents who are physically handicap and/or aged populations. The program will include opportunities to develop relationships and socialize with one another and direct care staff members through crafts, bingo, coloring, reading, puzzles, watching television/movies and enjoying the outdoors. The program will assist residents to move towards independence and maintain healthy community connections. Family and friends are strongly encouraged to visit as often as possible with their loved one.

The applicant intends to accept residents with private sources of payment and anticipates receiving referrals by Tri- Country Office on Aging or through word of mouth. In addition to the above program elements, it is the intent of the applicant to provide recreational activities at the facility such as books for reading, bingo, games, puzzles, crafts, and movies for entertainment. The facility offers cable tv hookup and Wi-Fi .

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 Ms. Brooke Selleck-Fredrickson to utilize local community resources such as the library, shopping areas/restaurants, Michigan Works, and local churches for recreational activities. The program will utilize resources to provide an environment to enhance the quality of life of residents and increase the independence of residents as appropriate

C. Applicant and Administrator Qualifications

The applicant The Mitten Adult Foster Care L.L.C. a “For Profit Corporation”, established in Michigan on October 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.

Criminal history background checks of Ms. Brooke Selleck-Fredrickson, who is both the applicant and administrator, were completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Brooke Selleck-Fredrickson submitted a statement from a physician documenting good health and current negative tuberculosis test results.

Ms. Brooke Selleck-Fredrickson sole owner of The Mitten Adult Foster Care L.L.C. has appointed Ms. Brooke Selleck-Fredrickson as licensee designee and administrator.

The applicant, Ms. Brooke Selleck-Fredrickson provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Brooke Selleck-Fredrickson has been appointed as both the licensee designee and administrator for the facility and has worked at another licensed adult foster care home intermittently for eleven and half years. The facility that Ms. Brooke Selleck-Fredrickson worked at provided care to residents that had mental illness, physical disabilities, developmentally disabilities, physical handicaps, aged and Alzheimer’s populations. Ms. Brooke Selleck-Fredrickson began her experience in adult foster care in October 2005 where she worked as a direct care worker until July 2007, when she was promoted to house manager and administrator until September 2012. Additionally, Ms. Brooke Selleck-Fredrickson worked as a private home health aid from August 2010 through May 2011 with the aged population. In October 2019, Ms. Brooke Selleck-Fredrickson returned to the licensed facility that she had previously been employed at as the house manager and administrator and continues to be currently employed there.

Ms. Brooke Selleck-Fredrickson indicated that the staffing pattern for the original license of this twelve (12) bed facility is adequate and includes a minimum of one staff for twelve residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted 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. During nighttime hours, direct care staff members will be sleeping unless resident needs require otherwise.

Ms. Brooke Selleck-Fredrickson 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. Brooke Selleck-Fredrickson acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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. Brooke Selleck-Fredrickson 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 Brooke Selleck-Fredrickson 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. Brooke Selleck-Fredrickson 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, the applicant 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. Brooke Selleck-Fredrickson 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. Selleck-Fredrickson 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. Brooke Selleck-Fredrickson 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. Selleck-Fredrickson 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 of the resident's personal money transactions that have been agreed to be managed by the applicant.

Ms. Brooke Selleck-Fredrickson 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. The applicant indicated the intent to respect and safeguard these resident rights

Ms. Brooke Selleck-Fredrickson 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. Brooke Selleck-Fredrickson 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.

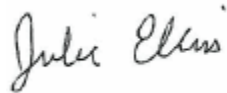
Ms. Brooke Selleck-Fredrickson acknowledged that residents with mobility impairments will only reside on the main floor of the facility.

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 temporary license to this AFC adult medium group home with a capacity of twelve (12) residents.



04/14/2020

Julie Elkins
Licensing Consultant

Date

Approved By:



04/16/2020

Dawn N. Timm
Area Manager

Date