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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 13, 2021

Codi Follen
NFL Assisted Living, LLC
8 Emerald Pointe
Linden, MI 48451

RE: Application #:	AS250409566 Young At Heart 11472 Davis Road Fenton, MI 48430
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Dear Mr. Follen:

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 5 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250409566
Licensee Name:	NFL Assisted Living, LLC
Licensee Address:	8 Emerald Pointe Linden, MI 48451
Licensee Telephone #:	(810) 577-6848
Administrator/Licensee Designee:	Codi Follen
Name of Facility:	Young At Heart
Facility Address:	11472 Davis Road Fenton, MI 48430
Facility Telephone #:	(810) 577-6848
Application Date:	07/21/2021
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

07/21/2021	On-Line Enrollment
07/22/2021	Contact - Document Sent 1326, RI030, AFC100
07/22/2021	Inspection Report Requested - Health
08/09/2021	Contact - Document Received 13226 & RI030 for Codi
09/01/2021	Inspection Completed-Env. Health : A
10/04/2021	Contact - Document Received AFC100 for Codi, Tax ID
10/12/2021	Application Incomplete Letter Sent
11/18/2021	Contact - Document Received
11/22/2021	Application Incomplete Letter Sent
11/23/2021	Inspection Completed On-site
11/23/2021	Inspection Completed-BCAL Sub. Compliance
11/25/2021	Contact - Document Received Additional documentation received
12/08/2021	Contact - Document Received Additional documentation received
12/09/2021	Application Complete/On-site Needed
12/13/2021	Inspection Completed-BCAL Full Compliance
12/13/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Young At Heart Adult Foster Care facility is located at 11472 Davis Road in the Township of Fenton, Fenton, Michigan. This home is currently licensed as a small group home under license number AS250268220. The licensee, Sharon Goodrow, has sold the home and is retiring from the AFC business. The home is now owned by NFL Assisted Living, LLC. This LLC was established on June 11, 2021, by Mr. Danny

Nemer. Mr. Nemer has provided documentation giving Young at Heart AFC the right to occupy this residence and permission for AFC Licensing to inspect the property. The home has a private sewer. Genesee County Health Department conducted an inspection on 09/01/21 and gave the facility an "A" rating.

This is a ranch-style home located in a well-established neighborhood. It consists of a family room, kitchen, laundry room, sitting/dining room, three bedrooms, and two full bathrooms. The kitchen has seating for all residents. One of the bathrooms is across from Bedroom #1 and is equipped with a traditional tub/shower. The second bathroom is next to Bedroom #2 and is equipped with a walk-in shower. Both bathrooms have safety bars in the shower areas as well as near the toilets.

There are four separate, independent means of egress from this facility, although only three of them are considered emergency exits. The first emergency exit is located at the front of the facility and is equipped with a wheelchair ramp. The second emergency exit is off the kitchen and leads directly to the back deck. The third exit is off the family room and leads directly to the back deck which has a wheelchair ramp. However, this door is not used. The fourth emergency exit leads from the family room to the garage and is even with the ground. There is a step leading from the kitchen to the family room. The licensee installed a ramp in this area which allows all residents to have access to all parts of the facility. This facility is wheelchair accessible, and the ramps meet R 400.14509, Means of egress, wheelchairs. All egress doors are equipped with alarms to alert staff of people coming and going.

The washer, dryer, and hot water heater are located in the laundry room between Bathroom #1 and Bedroom #2. The dryer is equipped with a solid metal vent which is vented directly to the outside. The laundry room has a fire extinguisher and a smoke detector. There is a fireplace in the family room of the facility. The fireplace was inspected on 12/07/21 by Cedar Creek Construction and was deemed to be in safe operating condition. The licensee designee, Codi Follen stated that the fireplace is rarely used. However, he acknowledges his responsibility to maintain the fireplace and chimney in safe working condition if it will be used.

The furnace and central air conditioner are located outside, in the backyard of the facility. The HVAC unit is less than one-year old. The furnace and hot water heater were inspected on 11/24/21 by Cedar Creek Construction and were deemed to be in safe operating condition. The facility is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. There are evacuation plans posted in the hallway by the bedrooms and by the front door of the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'5" x 11'4"	118	1
2	18'2" x 11'4"	206	2

3	15'5" x 11'6"	177	2
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The family room and dining/sitting area measure a total of 579 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** 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 **five (5)** male or female adults, age 50 and over, whose diagnosis is aged and/or physically handicapped in the least restrictive environment possible.

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. Residents will be referred from local agencies including the Department of Health and Human Services, area agencies on aging, home health agencies, etc.

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 ensure that the residents' medical needs are met, and emergency transportation is available via 911. Other transportation needs will be handled by the resident, family, placing agency, etc. The facility will make a 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 Designee and Administrator Qualifications

The applicant is NFL Assisted Living, LLC which is a Domestic Limited Liability Company established in Michigan on 06/11/21. 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 NFL Assisted Living, LLC has submitted documentation appointing Codi Follen as Licensee Designee and Administrator of this facility. A licensing record clearance request was completed with no lein convictions recorded for

Mr. Follen. Mr. Follen submitted a medical clearance request from a physician documenting his 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 5-bed facility is adequate and includes a minimum of 1-staff-to-5-residents per shift. Staff are not required to remain awake during the nighttime shift, but they are required to conduct 2-hour bed checks and meet all resident needs.

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 Identigo website (www.identigo.com) by MorphoTrust USA 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 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 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 the documents contained within each resident's file. The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. 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 with a capacity of 5.
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Susan Hutchinson

December 13, 2021

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

December 13, 2021

Mary E Holton Area Manager	Date
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