



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

March 1, 2022

Angela Tuck  
Tucks Health Services LLC  
7236 Pawnee Trail  
Rogers Cty, MI 49779

RE: Application #: AL710406406  
Golden Beach Manor  
18955 Us 23 N  
Millersburg, MI 49759

Dear Ms. Tuck:

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 20 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
Ste 3  
931 S Otsego Ave  
Gaylord, MI 49735  
(989) 370-8320

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL710406406

**Licensee Name:** Tucks Health Services LLC

**Licensee Address:** 18955 Us 23 N  
Millersburg, MI 49759

**Licensee Telephone #:** (989) 351-8091

**Administrator/Licensee Designee:** Angela Tuck, Designee

**Name of Facility:** Golden Beach Manor

**Facility Address:** 18955 Us 23 N  
Millersburg, MI 49759

**Facility Telephone #:** (989) 351-8091

**Application Date:** 11/12/2020

**Capacity:** 20

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

## II. METHODOLOGY

11/12/2020	On-Line Enrollment
03/10/2021	Application Incomplete Letter Sent
06/03/2021	Inspection Completed- Env. Health: A
06/15/2021	Contact - Document Received licensee continuing upgrades, waiting on building purchase closure to finalize
01/26/2022	Application Complete/On-site Needed
01/26/2022	Inspection Completed On-site
02/11/2022	Inspection Completed-Fire Safety : A
02/24/2022	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a converted one-story motel that is currently licensed as a large group home and is changing owners. The facility is a cement block and stucco one story building with ground level entrances, allowing for wheelchair access. From the main entrance there is an open dining room and living room with an enclosed porch at the back of the facility. To the right of the living room are two bedrooms. Left of the living room is a hall leading to a pantry, kitchen, 12 additional bedrooms, three bathrooms, a sitting room, laundry room and office. Bedrooms 1,2,10,11,12,13 and 14 have individual bathrooms. The facility has a private water supply and sewage disposal system.

The mechanical room that holds the water heater and boiler is in a separate room behind the laundry room with an entrance from the outside of the building. The door is metal with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system. On 2/11/2022 the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On 6/03/2021 the home was inspected by the Presque Isle County District Health Department #4 who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'6"x7'5" +9'x13'9"	187.5	2
2	7'x8'6"+13'10"x8'10"	178.5	2
3	8'8"x9'+2'6"x4	87.5	1
4	9'2"x8'8"+3'10"x2'7"	89.5	1
5	8'10"x11'+3'10"x2'6"	106	1
6	9'2"x8'8" +2'6"x4	90	1
7	8'8"x8'8"+2'8"x3'8"	85.5	1
8	11'x12'3"x4'6"x2'6"	146.5	2
9	10'6"x13'6"+2'6"x4'	151.75	1
10	12'x11'7"+8'4"x9'	214	2
11	14'8"x11'6"+6'x8'9"	238	2
12	14'6"x9'6"+5'x3'6"	155	2
13	14'6"x8'6"+5'6"x4'2"	146	1
14	14'6"x8'6"+5'6"x4'2"	146	1

The indoor living and dining areas measure a total of 1,113 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 20 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 **20** male or female ambulatory or non-ambulatory adults who are aged or who are diagnosed with a mental illness, a developmental disability and those diagnosed with Alzheimer's disease in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the aged residents will include recreational activities, community interaction, health, and fitness.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills

training and other activities as directed by the resident's supervising agency or as written in the resident's person-centered plan.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene, and the administration of medications.

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 provide for or arrange for transportation for program and medical needs as outlined in each resident's Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

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

The applicant is Tucks Health Services, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 11/20/2020. 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 Board of Directors of Tucks Health Services, L.L.C. has submitted documentation appointing Angela Tuck as Licensee Designee and the Administrator of the facility.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant 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 **20**-bed facility is adequate and includes a minimum of **2** staff -to- **20** residents per shift during awake hours and **1** staff -to-**20** residents during sleeping hours. All staff shall be awake during sleeping hours.

The applicant 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 facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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](http://www.miltcpartnership.org)), 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 good moral character, medical and training 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 the required forms and signatures to be completed for each resident on an annual basis.

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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident 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.

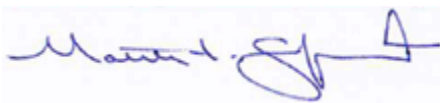
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult large group home (capacity 20).



03/01/2022

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Matthew Soderquist  
Licensing Consultant

Date

Approved By:



03/01/2022

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Jerry Hendrick  
Area Manager

Date