



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 17, 2022

Codi Follen  
NFL Assisted Living, LLC DBA Young At Heart  
8 Emerald Pointe  
Linden, MI 48451

RE: Application #:	AS250410847 Young At Heart Patrick 1 13485 Patrick Drive Linden, MI 48451
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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 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 (906) 226-4171.

Sincerely,

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**

<b>License #:</b>	AS250410847
<b>Licensee Name:</b>	NFL Assisted Living, LLC DBA Young At Heart
<b>Licensee Address:</b>	8 Emerald Pointe Linden, MI 48451
<b>Licensee Telephone #:</b>	(810) 577-6848
<b>Administrator/Licensee Designee:</b>	Codi Follen Codi Follen
<b>Name of Facility:</b>	Young At Heart Patrick 1
<b>Facility Address:</b>	13485 Patrick Drive Linden, MI 48451
<b>Facility Telephone #:</b>	(810) 577-6848
<b>Application Date:</b>	11/11/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

11/11/2021	On-Line Application Incomplete Letter Sent 1326 for Codi, AFC100 for Admin
11/11/2021	On-Line Enrollment
11/12/2021	Contact - Document Sent 1326 & AFC10
11/15/2021	Inspection Report Requested - Health Invoice No : 1032155
12/10/2021	Contact - Document Received 1326 & AFC 100 for Codi Follen
12/10/2021	File Transferred To Field Office Flint via SharePoint
12/21/2021	Application Incomplete Letter Sent
01/10/2022	Application Incomplete Letter Sent
02/01/2022	Inspection Completed On-site
02/01/2022	Inspection Completed-BCAL Sub. Compliance
02/07/2022	Application Incomplete Letter Sent 2nd application incomplete letter sent
02/07/2022	Inspection Completed-Env. Health : A
02/11/2022	Application Incomplete Letter Sent 3rd application incomplete letter sent via email
02/28/2022	Application Complete/On-site Needed
03/16/2022	Inspection Completed-BCAL Full Compliance
03/16/2022	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Young At Heart Patrick 1 Adult Foster Care facility is located at 13485 Patrick Drive in the Township of Fenton, Linden, Michigan. The home is owned by Danny Nemer who has given his written consent giving NFL Assisted Living, LLC the right to occupy this

residence as an adult foster care home and permission for AFC licensing to inspect the property. This LLC was established on June 11, 2021, by Mr. Danny Nemer. The home has a private well and public sewer. On 02/07/22, a representative from the Genesee County Health Department conducted an inspection of the well and took a water sample and gave the facility an “A” rating.

This is a ranch-style home located in a new subdivision, Lakeside Acres. The home is a new construction and was completed in January 2022. This home consists of a family room, dining room, kitchen, large pantry, laundry room, three bedrooms, and two full bathrooms. One of the bathrooms is attached to the master bedroom (#1) and is intended for those residents’ use. The other bathroom is located in the hallway, near bedrooms #2 and #3 and is intended for all residents’ and guests’ use. The master bathroom has a double sink, and a walk-in shower with a 3-inch step and shower chair. The second bathroom is equipped with a walk-in shower with a 3-inch step and shower chair. Both bathrooms have safety bars in the shower areas and the kitchen has seating for all residents.

There are two separate, independent means of egress from this facility, as well as sliding glass doors that lead to a private deck overlooking the backyard. The first emergency exit is located at the front of the facility and provides direct, unobstructed access to and from the home. The second emergency exit is through the garage and provides direct, unobstructed access to and from the home. The home does not require ramps or railings since there are no steps or inclines. This facility is wheelchair accessible. All egress doors are equipped with alarms to alert staff of people coming and going.

The washer and dryer are located in the laundry room, off the kitchen. The dryer is equipped with a solid metal vent which is vented directly to the outside. The laundry room has a heat detector and there is a fire extinguisher in the large pantry which is also off the kitchen. There is a gas fireplace in the family room of the facility. The fireplace was inspected on 02/10/22 by Cedar Creek Construction and was deemed to be in safe operating condition. The licensee designee, Codi Follen acknowledges his responsibility to maintain the fireplace in safe working condition.

The furnace and hot water heater are located in the basement of the facility. There is a fire door located at the bottom of the stairs. The basement is not intended for resident use. The furnace and hot water heater were inspected by Cedar Creek Construction on 02/10/22 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 prominently in the facility.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'9" x 15'11"	203	2
2	11'2" x 11'8"	130	2

3	12' x 11'6"	138	2
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The family and dining room areas measure a total of 412 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 **six (6)** 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 or female ambulatory adults whose diagnosis is aged, mentally ill, and/or developmentally disabled 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 6-bed facility is adequate and includes a minimum of 1-staff-to-6-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](http://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**

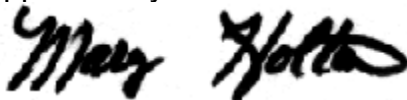
I recommend issuance of a temporary license to this AFC adult small group home with a capacity of 6.



March 16, 2022

Susan Hutchinson Licensing Consultant	Date
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Approved By:



March 16, 2022

Mary E Holton Area Manager	Date
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