



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 24, 2022

Kaitlyn Shaffer
Centered Care LLC
15945 Wood Rd
Lansing, MI 48820

RE: Application #: AS190409581
Centered Care Little Wood
15867 Wood Road
Lansing, MI 48906

Dear Ms. Shaffer:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS190409581
Licensee Name:	Centered Care LLC
Licensee Address:	15945 Wood Rd Lansing, MI 48820
Licensee Telephone #:	(517) 394-1234
Administrator/Licensee Designee:	Kaitlyn Shaffer
Name of Facility:	Centered Care Little Wood
Facility Address:	15867 Wood Road Lansing, MI 48906
Facility Telephone #:	(517) 394-1234
Application Date:	07/23/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/23/2021	On-Line Application Received - Original
07/23/2021	On-Line Fee Received - Original
07/23/2021	On-Line Enrollment
07/23/2021	On-Line Application Incomplete Letter Sent – 1326 & AFC100 for Licensee
07/26/2021	Contact - Document Sent – 1326 & AFC100
08/10/2021	Contact - Document Received 1326 & AFC100 for Kaitlyn
08/10/2021	File Transferred To Field Office Lansing
08/12/2021	Application Incomplete Letter Sent
08/17/2021	Contact - Document Received – Admission policy, budget, appointment of designated person, house rules, medical clearance for K. Shaffer, organizational chart, program statement, staffing pattern, TB test results, documentation of training and competencies for K. Shaffer, personnel policies, and job descriptions
08/18/2021	Contact - Document Received – Permission to inspect the property and standard/routine procedures
08/19/2021	Contact - Document Received – Floor plans
09/07/2021	Contact - Document Received – Lease
12/28/2021	Contact - Document Received - Furnace inspection report
12/28/2021	Inspection Completed On-site
01/04/2022	Inspection Completed On-site
01/04/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Centered Care Little Wood is a single story, ranch style facility located in the township of Dewitt, Michigan. The facility is located approximately two miles from the highway and close to the local shopping centers and grocery stores. The facility is also close to

the larger cities of Lansing and East Lansing which provide multiple medical facility options, cultural entertainment, shopping, restaurants, and other forms of educational opportunities and entertainment. In the north hall of the facility are two resident bedrooms and a full bathroom. One of the bedrooms is designated for one resident and the other is designated for two residents. In the south hall of the facility there are three single resident bedrooms and a full bathroom. The facility also has a large living room, large kitchen, small dining area, laundry room, and two large common areas that can be used for sitting/visiting and for equipment storage. The facility also has an partially finished basement that is not designated for resident use. There are two entrance/exits in total that are ADA approved and equipped with a ramp ending on a firm surface for any resident or visitor that uses a wheelchair or walker to assist with mobility. The facility is equipped with non-slip flooring with zero transitions throughout the facility, widened doorways, grip bars throughout the facility, an open floor plan, and zero entry showers which are all special accommodations made so the facility can care for individuals who have traumatic brain injuries or physical handicaps and may require assistive devices. The facility utilizes a public water supply and sewage disposal system.

The facility uses natural gas as the heat source. There is one furnace located in the basement of the facility, which was inspected on May 24, 2021 and found to be in working order. The door leading to the furnace room is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. This door is kept locked to assure residents are not able to accidentally access this area. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician. The smoke detectors are installed near sleeping areas, in the basement and near all flame- or heat-producing equipment. There are fire extinguishers located throughout the main floor of the facility and the basement 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	12' 1" X 12' 9"	154	One
2	10' 6" X 19' 3"	202	Two
3	9' 2" X 12' 10"	119	One
4	9' 2" X 14' 9"	135	One
5	11' 9" X 11' 6"	135	One
Living Room	16' 2" X 24' 2"	391	
Dining Room	7' 4" X 14' 2"	104	

The indoor living and dining areas measure a total of 495 square feet of living space. There is additional common space available for resident use and storage. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

A. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to six male and/or female residents who are physically handicapped or have sustained a traumatic brain injury (TBI). The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational, community activities, employment, and transportation. The applicant stated Centered Care LLC, AFC was created from a concept that a person has the right to live in a home environment while recovering from a spinal cord injury (SCI), TBI or stroke that assists them with all activities of daily living and helps them achieve their rehabilitation goals. The applicant indicated the trained staff and administrator of the facility will assist residents with meals, medication, ambulation, and all activities of daily living while ensuring dignity and promoting independence and fostering hope. The applicant stated the facility will be staffed with individuals trained extensively in care of residents with SCI, TBI including medical signs and symptoms to watch for and behavioral diversion techniques. The applicant stated staff members will be trained to perform transfers, (including those requiring the use of a Hoyer lift) and the applicant will accommodate residents who require assistance from two staff members to transfer. The applicant will provide transportation to medical appointments and therapies and will also coordinate outside therapy services to come to the facility and perform therapies for those who may need home services. The applicant stated a pharmacist will review resident medications monthly and analyze medications for each resident to assess for possible interactions. The applicant will work closely with any and all physicians, therapists, and other disciplines that each resident may require to assist with residents' rehabilitation goals and plans of care. The applicant stated every resident will be encouraged to "live life each day with hope" as staff members encourage independence, socialization, inside and outside activities as well as personalized individualized care plans and services. The applicant intends to accept referrals from private insurance companies, residents with other private sources for payment, and from community sources such as hospitals or rehabilitation facilities.

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 applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. The applicant stated residents will have opportunities to access the community for movies, coffee and snacks, the local zoo, the local YMCA, and Michigan State University. The applicant stated residents will have the opportunity to participate in day trips to Detroit for baseball games, etc. These

resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

Centered Care, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 05/26/2021. 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 members of Centered Care, L.L.C. have submitted documentation appointing Kaitlyn Shaffer as the licensee designee and administrator of the facility. A criminal history background check of Ms. Shaffer was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Shaffer submitted a statement from a physician documenting her good health dated 06/18/2021. Ms. Shaffer submitted current negative tuberculosis test results. Ms. Shaffer provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Shaffer has been employed with Optimal Medical Staffing since 2011 and has worked directly providing care to residents with SCI, TBI and physical handicaps. Ms. Shaffer has been responsible for training all newly hired direct care staff members. Ms. Shaffer has successfully acted as administrator of a small group home serving residents with traumatic brain injuries or physical handicaps for approximately four years and has demonstrated an understanding of licensing rules for group homes. Ms. Shaffer is a certified nurse assistant and a certified cardiopulmonary resuscitation instructor. Ms. Shaffer submitted documentation that she was formally trained in nutrition, first aid, CPR, fire safety and prevention, resident rights, foster care as defined in the Act, and prevention and containment of communicable diseases. Ms. Shaffer’s documented work experience reflects financial and administrative management skills and knowledge of the needs of the population to be served.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff members for six residents per shift. In addition, Ms. Shaffer will be available Monday through Friday from 9:00 am to 6:00 pm and additionally as needed for activities, training, appointments, etc. The applicant 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant 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.

The applicant 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.

The applicant 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.

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

The applicant 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.

The applicant 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.

The applicant 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 residents’ personal money transactions that have been agreed to be managed by the applicant.

The applicant 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.

The applicant 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.

The applicant 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.

The applicant 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 six (6).

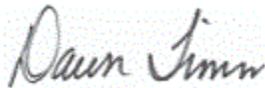


01/11/2022

Leslie Herrguth
Licensing Consultant

Date

Approved By:



01/24/2022

Dawn N. Timm
Area Manager

Date