



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 18, 2022

Keristin Hetherington
KC Assisted Living Corporation
7884 Emery Rd
Portland, MI 48875

RE: Application #: AM340410910
Country Living Senior Care
7884 Emery Rd
Portland, MI 48875

Dear Ms. Hetherington:

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,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM340410910
Licensee Name:	KC Assisted Living Corporation
Licensee Address:	7884 Emery Rd Portland, MI 48875
Licensee Telephone #:	(517) 647-4920
Licensee Designee:	Keristin Hetherington
Administrator:	Courtney Shafer
Name of Facility:	Country Living Senior Care
Facility Address:	7884 Emery Rd Portland, MI 48875
Facility Telephone #:	(517) 647-4920
Application Date:	11/16/2021
Capacity:	12
Program Type:	AGED

II. METHODOLOGY

11/16/2021	On-Line Enrollment
11/17/2021	Contact - Document Sent 1326, RI030, AFC100, Fire Safety String
11/17/2021	Inspection Report Requested - Health Invoice No: 1032170
11/17/2021	Inspection Report Requested - Fire
11/18/2021	Inspection Completed- Fire Safety: A
11/30/2021	Inspection Completed-Env. Health: A
11/30/2021	Contact - Document Received IRS letter, 1326/RI 030/Fingerprint/AFC 100 for Keristin
12/13/2021	File Transferred To Field Office Lansing via SharePoint
01/11/2022	Contact - Document Received Email from Adam Krouse / BFS inspection is not needed and a plan review is not required and was most recently inspected on 11/18/2021.
01/27/2022	Contact - Document Received Email from Jeanne Vandersloot, zoning office - There were licensed before zoning was adopted so they are grandfathered in because they are changing ownership.
01/28/2022	Contact - Document Received Sent licensing paperwork and policies with updates.
01/29/2022	Contact - Document Received Sent Resumes and bio information
02/07/2022	Contact - Document Received Email from Keristin Hetherington - closing date
1802/08/2022	Contact - Document Received Application sent with new name of facility Country Living Senior Care
02/08/2022	Contact - Telephone call made to Kelly Grys current owner regarding closing
02/16/2022	Contact - Document Received

	Bank balance sent
02/16/2022	Contact - Document Received Application with the new name
02/16/2022	Contact - Face to Face Contact with Kelly, Courtney, and Keristin Hetherington at Country Living Senior Care, room measurements, physical plant
02/16/2022	Inspection Completed On-site
02/16/2022	Inspection Completed-BCAL Sub. Compliance
02/25/2022	Application Incomplete Letter Sent
03/11/2022	Inspection Completed – BCAL Full Compliance
04/15/2022	Contact- Document received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Country Living Senior Care is a ranch style home located in a Portland, Michigan. The home is located in a rural area but close to the conveniences in Portland, Michigan, including small restaurants, grocery stores, banks, and parks. The facility has a finished walk-out basement with three resident bedrooms, one full resident bathroom and one ½ resident bathroom. If needing to exit from the basement area, two basement doors at grade are accessible to residents along with resident egress bedroom windows. When entering the facility on the main level, there is a large living area, formal dining room, kitchen dining area, and a sitting room to the right off the main entrance. There are resident bedrooms and bathrooms down each hallway. The main level has six resident bedrooms and six bathrooms, four full and two ½ bathrooms. The home is wheelchair accessible and has two approved means of egress with one being equipped with a ramp from the first floor and the other exit being at grade. The home is tastefully decorated presenting a clean and comforting environment to residents.

The home also has a private living quarters which will be utilized by the licensee designee and her minor child. The living quarters has its own kitchen, bedrooms, and living space none of which will be accessible to residents. It also has its own separate entrance from the entrance used by residents and/or visitors to the facility.

Country Living Senior Care utilizes private water and sewage disposal system. The home was inspected by the local health department on 11/30/2021 and was found to be in substantial compliance with applicable environmental health rules.

Country Living Senior Care has two propane furnaces, three air conditioners, and one propane water heater located in the basement enclosed in a room which is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnaces and water heater were inspected by ESI Heating and Cooling on March 7, 2022 and were found to be in good working condition.

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 not fully sprinkled since the facility because the facility was licensed before it was a requirement for a facility with seven or more residents to be sprinkled. The facility has been determined by the Bureau of Fire Services to be in substantial compliance with the applicable fire safety administrative rules. This inspection occurred on 11/18/2021.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'1" X 9'6"	124.29	1
2	10'2" X 11'7"	117.76	1
3	13'6 X 11'11"	160.88	2
4	11'9" X 10'10"	127.29	1
5	11'4 X 10'1"	114.28	1
6	11'3" X 11'7"	130.31	1
7	9'2" X 11'6"	105.42	1
8	14'8" X 11'5"	167.44	2
9	12'11 X 12'3"	158.23	2

Total Capacity: 12

The indoor living and dining areas measure a total of 782.25 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 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to 12 male and/or female residents who are aged and/or diagnosed with Alzheimer's disease. The applicant submitted an approved Alzheimer's Program Statement which described that the facility direct care staff will receive continual training in Alzheimer's disease and treatment along with the level of disease progression that is best suited for this facility. Ms. Heatherington stated the facility is best able to provide care to individuals in the beginning stages of Alzheimer's dementia disease which **does not**

include those individuals who have a history of wandering, exit seeking, serious aggression, combativeness, or other forms of violent behavior. In order to assist residents to continue to function at their highest levels, direct care staff will offer programs to include social interaction through crafts, games, reading, puzzles, bingo, and a weekly music program. Residents will also be assessed by a registered nurse to assure the resident is a good fit for the facility prior to admission and will continue to be assessed during their admission to the facility. The facility also has alarms on exit doors and in the bathrooms as well to alert direct care staff members to any resident unknowingly leaving the facility or needing assistance while using the bathroom.

The applicant intends to accept residents from the Michigan Choice Waiver Program and residents with private sources for payment.

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 applicants to utilize local community resources for recreational activities including the shopping centers, churches, or community events. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is KC Assisted Living Corporation a “Domestic Profit Corporation” established in Michigan on July 7, 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 Board of Directors of KC Assisted Living Corporation has submitted documentation appointing Keristin Hetherington as licensee designee for this facility and Courtney Shafer as the administrator of the facility.

Criminal history background checks of the Ms. Hetherington and Ms. Shafer were completed and they were determined to be of good moral character to provide licensed adult foster care. The Ms. Hetherington and Ms. Shafer submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Hetherington and Ms. Shafer have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Hetherington has almost ten years of medical experience and graduated with her nursing license in December 2019. Ms. Hetherington is also certified in Advanced Cardiovascular Life Support, Basic Life Support, and completed Trauma Nurse Core Course. Ms. Hetherington has worked in emergency departments, cardiology, and has experience in longer term care units with aged individuals diagnosed with Alzheimer’s disease and/or dementia. Ms. Shafer also graduated with her nursing license in 2019

and has worked in various hospital nursing positions and also has experience in long term care and rehabilitation with individuals who are aged and/or diagnosed with Alzheimer's disease or other forms of dementia. Ms. Shafer has experience with providing care to individuals diagnosed with dementia who are aged. Both have at least one year of experience providing direct care to individuals who are aged.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 1 staff for 12 residents per shift. Ms. Hetherington and Ms. Shafer 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. Ms. Hetherington has indicated that direct care staff will be awake during sleeping hours.

Ms. Hetherington 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. Hetherington acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Hetherington 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. Hetherington 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, Ms. Hetherington 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. Hetherington 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, Ms. Hetherington 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. Hetherington 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. Hetherington 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. Hetherington 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. Hetherington acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Hetherington 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. Hetherington 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. Ms. Hetherington indicated the intent to respect and safeguard these resident rights.

Ms. Hetherington 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. Hetherington 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. Hetherington 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 AFC adult medium group home with a capacity of 12 residents.

Jennifer Browning

3/16/2022 _____

Jennifer Browning
Licensing Consultant

Date

Approved By:

Dawn Timm

03/28/2022

Dawn N. Timm
Area Manager

Date