



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 31, 2022

Cynthia Sanders
Creston AFC LLC
251 Sweet NE
Grand Rapids, MI 49505

RE: Application #: AM410409437
Creston AFC LLC
251 Sweet NE
Grand Rapids, MI 49505

Dear Mrs. Sanders:

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 10 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 cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410409437
Licensee Name:	Creston AFC LLC
Licensee Address:	251 Sweet NE Grand Rapids, MI 49505
Licensee Telephone #:	(616) 363-3457
Administrator/Licensee Designee:	Cynthia Sanders
Name of Facility:	Creston AFC LLC
Facility Address:	251 Sweet NE Grand Rapids, MI 49505
Facility Telephone #:	(616) 363-3457
Application Date:	07/09/2021
Capacity:	10
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

07/09/2021	On-Line Enrollment
07/22/2021	Contact - Document Received AFC 100's for Joshua Burgen, Everett Sanders & Angela Strickfaden and AFC 100/1326/Fingerprint for Cynthia Sanders
07/22/2021	Comment Unaffiliated minor household member Chase Strickfaden (05/30/13)
07/22/2021	Application Incomplete Letter Sent RI 030 for Cynthia Sanders
03/16/2022	Inspection Completed-Fire Safety : A Ok to use per Lic Consultant – Inspection completed for existing facility AM410008747
05/18/2022	Contact - Document Received RI 030 for Cynthia Sanders
05/18/2022	File Transferred To Field Office Grand Rapids
05/19/2022	Application Incomplete Letter Sent
05/23/2022	Contact – Document Received Zoning Approval for 10 Bed AFC from Darrell Singleton II, Customer Ombudsperson from the city of Grand Rapids
05/23/2022	Application Complete/On-site Needed
05/26/2022	Inspection Completed On-site
05/26/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Creston AFC LLC is a two-story home located on the Northeast side of Grand Rapids, in Kent County. Walking in the front door, you will find a landing area. To the right of the landing area, you will find stairs to lead you to the 2nd floor of the home. On this level, you will find a full bathroom and four bedrooms used for residents, three of which have a capacity of two residents each and one bedroom has a capacity of three per Licensing Rule R. 409(6). To the left of the landing area is the living room. Directly beyond the living room is the dining room. To the east of the dining room, you will find a full

bathroom, single resident bedroom and a household member bedroom. North of the dining room is the kitchen that has an exit to the backyard. Just off the kitchen is an enclosed laundry room. The laundry room is primarily for live-in staff and household members use. The administrator has a laundry contract with 'Creston Sit N Spin Laundromat,' located directly across the street from the facility, which allows residents to complete their laundry once a week. Next to the laundry room, you will find a door that leads to the basement of the home. The door is equipped with an automatic self-closing device and positive latching hardware located at the top. Located in a room in the basement is a boiler and a gas water heater. The door is equipped with an automatic self-closing device and positive latching hardware located at the top. The remaining rooms in the basement are for live-in staff and household members only. Residents will not have access to the basement. This home is not wheelchair accessible. This home utilizes public water and sewer.

The facility is equipped with interconnected, hardwire smoke detection system, with a battery back-up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.42 X 9.58 1.58 X 8.83	132.93	1
2	13.83 X 12.42 6.33 X 9.25	230.31	3
3	13.92 X 12.17	169.40	2
4	13.75 X 9.25	127.18	2
5	9.08 X 19.25	174.79	2

The common areas of the home measure a total of 406.74 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate 10 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 10 male or female ambulatory adults whose diagnosis is mentally ill, 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 if needed.

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 not provide transportation. Transportation is available through the city bus network, which is available immediately outside of the facility. 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Rule/Statutory Violations

The applicant is a corporation and has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's budget statement submitted to operate the adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant and administrator have 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 10-bed facility is adequate and includes a minimum of 1 staff -to- 10 residents. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that live-in staff will be asleep 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 facility's 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 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 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) and the related documents required to be maintained in each employee's 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 directly with residents. In addition, the applicant acknowledges their 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 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 5 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 acknowledges their 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 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 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 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 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 10).

Anthony Mullins

05/31/2022

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

05/31/2022

Jerry Hendrick
Area Manager

Date