



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 25, 2022

Steven Gerdeman
Extended Care At Fremont, LLC
747 Tamarack Ave NW
Grand Rapids, MI 49504

RE: Application #: AL130411643
Extended Care At Fremont
54 Fremont St.
Battle Creek, MI 49017

Dear Mr. Gerdeman:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL130411643
Applicant Name:	Extended Care At Fremont, LLC
Applicant Address:	747 Tamarack Ave NW Grand Rapids, MI 49504
Applicant Telephone #:	(419) 494-4008
Licensee Designee:	Steven Gerdeman
Administrator:	Steven Gerdeman
Name of Facility:	Extended Care At Fremont
Facility Address:	54 Fremont St. Battle Creek, MI 49017
Facility Telephone #:	(419) 494-4008
Application Date:	01/26/2022
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

1/26/2022	Application Received Original
1/26/2022	Fee Received Original
01/26/2022	Enrollment
02/03/2022	Inspection Report Requested - Fire
02/03/2022	Contact - Document Sent-Fire Safety String
02/03/2022	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for LD
03/02/2022	Inspection Completed-Fire Safety: C
03/14/2022	Contact - Document Received 1326/RI 030 for Steven Gerdeman
03/16/2022	Lic. Unit received background check file from review
03/16/2022	File Transferred To Field Office Lansing via SharePoint
03/31/2022	Inspection Completed- Fire Safety: A
04/28/2022	Application Incomplete Letter Sent
05/11/2022	Contact-Document Received-Facility/LD Documents
05/24/2022	Inspection Completed On-site
05/25/2022	Confirming Letter Sent
07/13/2022	Contact-Document Received-Additional Documents
07/13/2022	Inspection Completed On-site
07/13/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Extended Care at Fremont is a two story, nine-bedroom home located in the city of Battle Creek in close proximity to hospitals, museums, and parks. Located on the

facility's front porch are three means of egress. There are two additional means of egress on the first floor of the facility, one on the right side of the facility and the other to the back of the facility. The first means of egress on the front, opens into a large entry way, which then leads into the resident living room area. Off the resident's living room area is the resident dining room area and kitchen. To the left of the front entry way is a hallway leading to three resident bedrooms, one resident full bathroom, the employee office, and a staircase that leads to the facility's second floor. The facility's second means of egress from the front of the facility, opens into an additional staircase, which also leads to the second floor. The facility's third means of egress from the front of the facility opens directly into the employee's office. Located on the second floor of the facility are six resident bedrooms, two full resident bathrooms and two small resident sitting areas. This home can occupy non-ambulatory residents who require the regular use of wheelchairs or other assistive devices on the first floor only. The facility is wheelchair accessible and has two approved means of egress on the first floor that are equipped with ramps.

The facility utilizes the public water and sewage systems. On file is written documentation from the Bureau of Fire Services indicating that the facility is in substantial compliance with all large group home fire safety rules and regulations. The facility was inspected on 03/31/2022.

There are two gas furnaces and hot water heaters located in the basement of the facility in separate rooms both with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top and bottom of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'11 1/4" x 15'3 1/4"	243 sq ft	3
2	11'5" x 14'11"	171 sq ft	2
3	11'7" x 11'7 3/4"	135 sq ft	2
4	12'1 x 12'10 1/2"	165sq ft	2
5	12'9" x 15' 3"	195 sq ft	2
6	11'0" x 14'4 1/2"	158 sq ft	2
7	14'4 11/2" x 11 1/4"	158 sq ft	2
8	15'3 1/4" x 12'9 1/2"	195.3 sq ft	3
9	12'1" x 12'10 1/2"	165 sq ft	2

The living, dining, and sitting room areas measure a total of 726 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

The facility was previously licensed on or before December 31, 1976. The license remained in continuous effect when it was licensed again in 1997 and again in 2020, allowing for a maximum of 4 beds in multioccupancy bedrooms with no less than 65 square feet of usable floor space per bed. The applicant acknowledged an understanding of the administrative rules for bedroom space; “usable floor space” defined, regarding requirements for those bedrooms approved for three resident beds. The licensee designee will assure that the resident or his or designated representative agrees in writing to resident in a multioccupancy room for bedrooms with three beds.

Based on the above information, it is concluded that this facility can accommodate **twenty (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 **twenty (20)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Calhoun County MDHHS, community mental health agencies or private pay individuals as a referral source.

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 all transportation for program and medical needs. 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. Applicant and Administrator Qualifications

The applicant is Extended Care at Fremont, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 12/28/2021. 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 Extended Care at Fremont, L.L.C. have submitted documentation appointing Steven Gerdeman as Licensee Designee and the Administrator for this

facility. A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Gerdeman. Mr. Gerdeman submitted a medical clearance request with statements from a physician documenting Mr. Gerdeman's good health and current TB-tine negative results.

Mr. Gerdeman have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Gerdeman has been the owner and administrator of two other adult foster care facilities since 3/1/2021. Prior to this appointment, Mr. Gerdeman worked with the mentally ill and developmentally disabled population for 3 years.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 1 staff –to- 15 residents per shift. 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 direct care staff will 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 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 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 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 resident 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.

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 six-month temporary license to this adult foster care large group home with the capacity of 20 residents.



Ondrea Johnson
Licensing Consultant

7/18/2022
Date

Approved By:



07/25/2022

Dawn N. Timm
Area Manager

Date