



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 19, 2022

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

RE: Application #: AS190412341
Centered Care Turner
14333 Turner Road
Dewitt, MI 48820

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 "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------|---|
| License #: | AS190412341 |
| Licensee Name: | Centered Care LLC |
| Licensee Address: | 15945 Wood Rd Lansing, MI 48820 |
| Licensee Telephone #: | (517) 394-1234 |
| Licensee Designee: | Kaitlyn Shaffer |
| Administrator: | Kaitlyn Shaffer |
| Name of Facility: | Centered Care Turner |
| Facility Address: | 14333 Turner Road Dewitt, MI 48820 |
| Facility Telephone #: | (517) 394-1234 04/18/2022 |
| Application Date: | |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED |

II. METHODOLOGY

| | |
|------------|--|
| 04/18/2022 | On-Line Enrollment |
| 04/22/2022 | Inspection Report Requested - Health Invoice No : 1032582 |
| 06/03/2022 | Application Incomplete Letter Sent |
| 06/06/2022 | Contact - Document Received Received admission policy, budget, discharge policy, refund policy, floor plans, medical clearance for LD/administrator, organizational chart, permission to inspect the property, program statement, proof of ownership, and staffing pattern |
| 06/23/2022 | Inspection Report Requested - Health Invoice No: 1032743 |
| 06/28/2022 | Inspection Completed-Env. Health: A |
| 09/16/2022 | Application Complete/On-site Needed Review of physical plant and paperwork. |
| 09/16/2022 | Inspection Completed On-site |
| 09/16/2022 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Centered Care, LLC is a beautifully reconstructed brick church, single story, ranch style facility built on a slab located in the small city of Dewitt, Michigan that provides a plethora of space for its residents. The facility is located approximately one mile 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. Upon entering the facility there is an open floor plan with cathedral ceilings that includes the dining room and living room. Between the dining room and the living room there is single decorative wall from floor to ceiling that holds two electric fireplaces, one which can be viewed from the living room and the other from the dining room. Off to the right and left of the living room/dining room are six single, private resident bedrooms. On the left are three resident bedrooms and a sensory room for residents to enjoy and to the right of the living/dining area is the kitchen and three private resident bedrooms. Located at the back of the living room are two full bathroom/shower rooms with barrier free showers. There is also a half bath in the medication room. Past the living room there is a foyer-hallway that has a medication room and the entrance way to the original church sanctuary which has been converted into an activity room and therapy room for residents. There are five separate entrances/exits in total which are all at grade level allowing any resident or visitor that uses a wheelchair or walker to assist with mobility to easily enter/exit the facility.

The facility utilizes a private water supply and public sewage disposal system. The private water supply was inspected by the Clinton County Mid-Michigan Health Department on 06/28/2022 and found to be in full compliance with all applicable rules and statutes at the time of the inspection. The facility uses a base board water heat as the heat source, plus natural gas backup. The furnace is located in the attic of the facility and has specialty door of 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware

The facility has a small Michigan Basement located under the medication room used only as the mechanical room holding the boiler or hot water-based heat, hot water heater and water softener. The door leading to the basement is 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. All inspections were completed by plumbing, heating and electrical on 05/25/2022 and heating mechanisms were found to be in working order.

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 1 | 11'2" X 11'1" | 124.3 Sq. Ft. | 1 Bed |
| Bedroom 2 | 11'2" X 11'9" | 133.2 Sq. Ft. | 1Bed |
| Bedroom 3 | 11'2" X 11'6" | 129.9 Sq. Ft. | 1Bed |
| Bedroom 4 | 11'2" X 12' | 134.4 Sq. Ft. | 1Bed |
| Bedroom 5 | 11'2" X 15' | 168 Sq. Ft. | 1Bed |
| Bedroom 6 | 11'2" X 12'3" | 137.7 Sq. Ft. | 1Bed |
| Dining Room | 23'4" X 19' | 444.6 Sq. Ft. | |
| Living Room | 23'4" X 24' | 561.6 Sq. Ft. | |
| Sensory Room | 11'2" X 11'6" | 129.9 Sq. Ft. | |
| Sanctuary/Activities Room | 39' x 40' | 1560 Sq. Ft. | |

The indoor living and dining areas measure a total of 2696.1 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 six 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 six male and/or female residents who are physically handicapped or have sustained a traumatic brain injury (TBI) and spinal cord injury. 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, Veterans, and can also accommodate residents who qualify for a Medicaid waiver.

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 local festivals, theatres, sporting events at Michigan State University, local library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Rule/Statutory Violations

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 05/27/2022. 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, now Centered Care, L.L.C 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 increased/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 AFC adult small group home with a capacity of six residents.

Bridget Vermeesch

09/19/2022

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

09/19/2022

Dawn N. Timm
Area Manager

Date