



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 29, 2022

Leah English  
Pleasant Pines AFC LLC  
15063 180th Ave  
Big Rapids, MI 49307

RE: Application #: AM540413911  
**Pleasant Pines AFC LLC**  
**15063 180th Ave**  
**Big Rapids, MI 49307**

Dear Ms. English:

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 and special certification 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,

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**

<b>License #:</b>	AM540413911
<b>Applicant Name:</b>	Pleasant Pines AFC LLC
<b>Applicant Address:</b>	15063 180th Ave Big Rapids, MI 49307
<b>Applicant Telephone #:</b>	(231) 796-4757
<b>Licensee Designee:</b>	Leah English
<b>Administrator:</b>	Elijah English
<b>Name of Facility:</b>	Pleasant Pines AFC LLC
<b>Facility Address:</b>	15063 180th Ave Big Rapids, MI 49307
<b>Facility Telephone #:</b>	(231) 796-4757
<b>Application Date:</b>	08/23/2022
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

08/23/2022	Enrollment
08/23/2022	Contact - Document Sent Incomplete App ltr, 1326 and RI-030 emailed
08/23/2022	Contact - Document Received 1326 and BCAL 569
09/27/2022	Comment request sent to have prints uploaded
10/03/2022	Inspection Report Requested - Health
10/06/2022	Inspection Completed-Fire Safety: A Used BFS Inspection from current license AM540286094.
10/19/2022	Inspection Completed-Env. Health: A
10/24/2022	Application Incomplete Letter Sent
12/15/2022	Application Complete/On-site Needed
12/15/2022	SC-Application Received - Original
12/15/2022	SC-ORR Response Requested Karen Bressett, Contracts with CMHCM.
12/15/2022	Inspection Completed On-site
12/15/2022	Inspection Completed-BCAL Full Compliance
12/15/2022	SC-Inspection Completed On-Site
12/15/2022	SC-Inspection Full Compliance
12/15/2022	SC-ORR Response Received-Approval
12/15/2022	SC-Recommend MI and DD

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a beautifully newly vinyl sided ranch home, on a crawl space, located just outside the city limits of Big Rapids in Big Rapids Township. The owners have separate living quarters in the facility attached by a hallway. The entrance of the facility is through a breeze way that leads to an open room with a dining room, living room and kitchen. Off the open area are two hallways, one to the left and one to the right that house resident bedrooms and two full bathrooms with walk in showers. There are six double occupancy bedrooms in the facility. The facility has four entrances that are all at grade level which makes the facility wheelchair accessible. The facility utilizes private water supply and sewage disposal system which was inspected and determined to be in substantial compliance with applicable environmental health rules on October 19, 2022, by District Health Department No. 10.

The facility is heated with natural gas-forced air and had a new furnace installed on December 12, 2022. Both the furnace and hot water heater were inspected on December 12, 2022, by a licensed professional and found to be in good working order. The furnace and hot water heater are located in a room constructed of material which has at least a 1-hour-fire resistance rating and the door to this room is a metal door that meets at the minimal fire safety requirement of 30-minute fire rating. The door also has non-locking against egress door hardware and is enclosed in a fully stopped frame.

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 was inspected on October 06, 2022 and has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	12'3" X 11'6"	142.68 Sq. Ft	2
Bedroom 2	14'1" X 12'6"	177.66 Sq. Ft	2
Bedroom 3	13' X 12'6"	163.8 Sq. Ft	2
Bedroom 4	12'10" X 12'11"	146.53 Sq. Ft	2
Bedroom 5	14'4" X 12'11"	174.38 Sq. Ft.	2
Bedroom 6	11'9" X 12'	142.8 Sq. Ft	2
Living/Dining	21'8" X 23'2"	505.76 Sq. Ft.	

The indoor living and dining areas measure a total of 505.76 square feet of living space. This meets/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, physically handicapped, mentally ill, and developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational or day programs or employment, and transportation. The applicant intends to accept referrals from MDHHS, Medicaid Waiver, private pay and CMH.

**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 Ferris State University Sporting Events and activities, the public schools and library, local museums, shopping centers, churches, community festivals, and farmer's markets. The facility has movie night, puzzle books, board games, arts/crafts, and a garden for residents to enjoy. The facility intends to collaborate with any outside agency or services participating with each resident in developing a plan that enhances the quality of life and increase the independence of the residents.

## **C. Applicant and Administrator Qualifications**

The applicant is Pleasant Pines AFC, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 01/27/2022. 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 Pleasant Pines AFC, L.L.C. have submitted documentation appointing Leah English as licensee designee for this facility and Elijah English as the administrator of the facility.

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

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Licensee designee Leah English has been a direct care staff at the facility since 2010 and is also a Registered Respiratory Therapist providing many years of hands-on

experience with the population being served. Administrator Elijah English has been a home manager and direct care staff at the current facility since 2012 until recently purchasing the facility.

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. The applicant acknowledged that the staff to resident ratio may need to be increased 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 not* 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 acknowledge 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](http://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 medications.

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 resident's 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.

**RECOMMENDATION**

I recommend issuance of a temporary license and special certification to this AFC adult medium group home capacity of 12 residents.

*Bridget Vermeesch*

12/15/2022

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Bridget Vermeesch  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

12/29/2022

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Dawn N. Timm  
Area Manager

Date