



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 9, 2023

Michelle Spitzley  
201 North Herring Street  
Ashley, MI 48806

RE: Application #: AS290414339  
**Legacy AFC**  
**4755 S. Dean Rd.**  
**Ithaca, MI 48847**

Dear Ms. Spitzley:

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**

<b>License #:</b>	AS290414339
<b>Applicant Name:</b>	Michelle Spitzley
<b>Applicant Address:</b>	201 North Herring Street Ashley, MI 48806
<b>Applicant Telephone #:</b>	(989) 388-5000
<b>Licensee:</b>	Michelle Spitzley
<b>Administrator:</b>	Michelle Spitzley
<b>Name of Facility:</b>	Legacy AFC
<b>Facility Address:</b>	4755 S. Dean Rd. Ithaca, MI 48847
<b>Facility Telephone #:</b>	(989) 388-5000
<b>Application Date:</b>	09/30/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

09/30/2022	Enrollment
09/30/2022	Inspection Report Requested - Health
09/30/2022	Application Incomplete Letter Sent sent app incomplete ltr, 1326, afc-100 and ri-030
10/13/2022	Comment- email received confirming receipt of documents-and inquiring about ways to return.
12/02/2022	Comment- sent request to have prints uploaded & emailed status to licensee
12/02/2022	File Transferred To Field Office
12/05/2022	Application Incomplete Letter Sent
01/18/2023	Inspection Completed-Env. Health: A
02/08/2023	Contact - Document Received- Final Documents.
02/08/2023	Application Complete/On-site Needed
02/08/2023	Inspection Completed On-site
02/08/2023	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Legacy AFC is a ranch style home with a walk-out basement on six country acres located in rural North Star, Michigan, Gratiot County, four miles south of Ithaca, MI. The main level of the home will be utilized by live-in direct care staff members while the walk-out basement will be the primary living quarters for the AFC residents. The walk-out basement is barrier free and wheelchair accessible with two approved means of egress that exit at ground level. Upon entering the facility, one is greeted by a beautiful three-seasons room through which one passes to enter the main living areas of the facility. There are two living rooms, six private resident bedrooms, four which have private half bathrooms, a dining room, kitchen, and a full resident bathroom that is handicapped accessible with a barrier free, walk-in shower and an additional half bath for all to access.

Legacy AFC home utilizes private water and sewage disposal systems. The Mid-Michigan District Health Department conducted an inspection of both systems and

found them to be in substantial compliance with the Environmental Health Rules on January 18, 2023.

The facility uses propane-forced heat for the furnace, while both facility water heaters are electric. The facility furnace and one hot water heater are in the upstairs living quarters in its own heating plant room that is equipped with 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The facility has a second electric hot water heater that is in the basement in a closet with the washer and dryer. Both hot water heaters and dryer are electric.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by Revolution Electric, LLC and inspected by Summitt Fire Protection on January 16, 2023 and found to be fully operational. The furnace was inspected by Weatherby's Plumbing and Heating on December 30, 2022 and found to be in safe working condition.

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	8'6" X 9'4"	80.8 Sq. Ft	1
Bedroom #2	8'6" X 9'4"	80.8 Sq. Ft	1
Bedroom #3	8'6" X 9'4"	80.8 Sq. Ft	1
Bedroom #4	8'6" X 9'4"	80.8 Sq. Ft	1
Bedroom #5	13'7" X 10'8"	147 Sq. Ft	1
Bedroom #6	12'8" X 11'2"	140 Sq. Ft	1

The indoor living and dining areas measure a total of 901 square feet of living space. The 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 license capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) male and/or female residents who are aged and physically handicapped. The program will include social interaction through family visits/parties, holiday parties, crafts, board games, and community activities brought to the facility. The applicant intends to accept referrals from private sources of payment, Medicaid Waiver, and Veterans Administration.

**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 public library, local museums, restaurants, boutiques, and churches. These resources provide an environment to enhance the quality of life and maintain the independence of the residents.

### **Applicant and Administrator Qualifications**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents, along with outside employment at Ashley Care Center.

Michelle Spitzley has submitted as licensee and administrator for this facility. A criminal history background check of Michelle Spitzley was completed on 10/13/2022 and she was determined to be of good moral character to provide licensed adult foster care to vulnerable adults. Michelle Spitzley submitted a statement from a physician documenting her good health and current negative tuberculosis test results. Michelle Spitzley provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Michelle Spitzley is currently a licensee registered nurse employed with Ashley Care Center as the Charge Nurse. Michelle Spitzley has been employed at Ashley Care Center since 2011 which has provided her with required hands-on experience working with the aged population and those diagnosed with physical handicaps.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of one staff for six residents per shift. 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 not be awake during sleeping hours but understands the need to change this as the needs of residents change. If staff is needed during sleeping hours, residents will have access to a call system that rings into the staffs sleeping quarters.

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](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 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 resident 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.

**C. 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 temporary license to this AFC adult small group home with a capacity of six residents for aged and physically handicapped.

*Bridget Vermeesch*

02/09/2023

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Bridget Vermeesch  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

02/09/2023

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Dawn N. Timm  
Area Manager

Date