



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 13, 2023

Brad Heinze
4551 Kinsel Hwy
Charlotte, MI 48813

RE: Application #: AF230413575
Creative Living One, LLC
4551 Kinsel Hwy
Charlotte, MI 48813

Dear Mr. Heinze:

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 "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF230413575
Licensee Name:	Brad Heinze
Licensee Address:	4551 E. Kinsel Hwy CHARLOTTE, MI 48813
Licensee Telephone #:	(517) 652-9232
Administrator:	N/A
Licensee:	Brad Heinze
Name of Facility:	Creative Living One, LLC
Facility Address:	4551 E. Kinsel Hwy Charlotte, MI 48813
Facility Telephone #:	(517) 213-6461
Application Date:	07/29/2022
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

07/29/2022	On-Line Enrollment
08/02/2022	Contact - Document Sent emailed incomplete app ltr, 1326, RI-030, and AFC-100
08/04/2022	Comment responded to email re forms
08/30/2022	Contact - Document Received
09/26/2022	Comment Sent a request to have fingerprints uploaded.
09/26/2022	Inspection Report Requested - Health
09/29/2022	Contact - Telephone call made No prints were located, so I emailed licensee for more information.
11/16/2022	Application Incomplete Letter Sent Application Incomplete letter emailed to Licensee, Brad Heinze.
06/05/2023	Application Complete/On-site Needed
06/05/2023	Inspection Completed On-site
06/05/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a ranch style construction with a walk-out basement located at 4551 E. Kinsel Hwy, Charlotte, Michigan. The home is located in Eaton County, in Benton Charter Township, on just over two acres of land. The home is in a rural setting bordered by farmland with incredible country views from all bedrooms in the home. The home has six, large, private, resident bedrooms with a private half bath in each resident bedroom. There are two additional full bathrooms for resident use. One of the full bathrooms has a walk-in shower and double vanity. The second full bathroom has a wheelchair accessible shower with a single vanity. The living room and dining room are connected and very spacious. There is adequate seating for residents and guests. There is a kitchen located off the dining room area of the home. The home is wheelchair accessible and has two means of egress that each lead to a full deck, which is equipped with a wheelchair ramp that leads to the driveway. The home utilizes a private well and septic system. A recent environmental health inspection and approval was completed on 12/20/22. The home is divided by a door, with resident access being on one side and

the applicant will be residing on the other side. On the non-resident side of the home there are two full bathrooms and three bedrooms. All materials of the home consist of at least Class C fire rating.

The home is equipped with a propane furnace and water heater. The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The home has central air conditioning available. The facility is equipped with an interconnected, hardwire smoke detection system with battery backup which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home. The family home is equipped with a fully functioning sprinkler system for fire suppression.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'7 x 14'10	156.98	1
2	14'10 x 11'2	165.64	1
3	11'6 x 14'10	170.58	1
4	10'1 x 14'10	149.57	1
5	13'1 x 14'10	194.06	1
6	10 x 14'10	148.33	1

The living, dining, and sitting room areas measure a total of 987 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 **six (6)** 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 (6) ambulatory or mobility impaired residents, whose diagnosis is aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant plans to utilize public and private transportation resources to accommodate resident transportation needs. The applicant intends to accept residents from local referral sources, such as Tri County Office on Aging and other private pay sources.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. The applicant also plans to bring activities to the home for resident enjoyment. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

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

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.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this six bed family home, there is adequate supervision with 1 responsible person on-site for six residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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. 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person(s) and volunteer(s).

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 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 or as needed.

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 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 resident's 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

D. Rules or 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 family home with a capacity of six residents.



06/08/23

Jana Lipps
Licensing Consultant

Date

Approved By:



06/13/2023

Dawn N. Timm
Area Manager

Date