



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 2, 2023

Ellen Byrne  
Commonwealth Senior Living at Grand Rapids  
1175 68th Street S.E.  
Grand Rapids, MI 49508

RE: Application #: AH410407281  
Commonwealth Senior Living at Grand Rapids  
1175 68th Street S.E.  
Grand Rapids, MI 49508

Dear Ms. Byrne:

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 90 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 (877) 458-2757.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea Krausmann".

Andrea Krausmann, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(586) 256-1632

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AH410407281

**Applicant Name:** MCAP Grand Rapids Opco, LLC

**Applicant Address:** Suite 115  
21800 Haggerty Rd.  
Northville, MI 48167

**Applicant Telephone #:** (434) 963-2421

**Authorized Representative:** Ellen Byrne

**Name of Facility:** Commonwealth Senior Living at Grand Rapids

**Facility Address:** 1175 68th Street S.E.  
Grand Rapids, MI 49508

**Facility Telephone #:** (616) 281-8054

**Application Date:** 02/16/2021

**Capacity:** 90

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

02/16/2021	Enrollment
02/16/2021	Application Incomplete Letter Sent 1326/HFA Fingerprint/RI 030 for Marcia Curtiss
02/17/2021	Contact - Document Sent 1605 sent
07/16/2021	Contact - Document Received Letter from Marcia Curtiss, VP of Operations, "We understand and accept the following solution presented by Health Facilities Engineering Section. Each resident toilet room exhaust fans (sic) can remain in place as long as they are converted from switchable to continuous operation. We also understand that Health Facilities Engineering Section desires to have a 'commercial' exhaust fan installed with the existing exhaust fans fail. GMB has recommended a replacement fan generally in keeping with the attached". Note: GMB is an architecture firm used to convert their AFCs into Chapter 33 HFA.
07/20/2021	Construction Permit Received Permit 20210035-P1 dated 7/20/21 to expire 7/20/22 per Pier-George Zaroni PE Health Facilities Engineering Section (HFES). Austin Webster HFES Engineer also provided letter to William Johnson at MCAP about the project.
07/20/2022	Application Incomplete Letter Sent Policies & procedures requested sent to AR Marcia Curtiss via email
01/20/2023	Contact - Document Received Attestation letter that no resident funds and no refundable deposits will be held, and no food will be served to non-residents of the facility was signed by Richard G. Corey President, MCAP Grand Rapids Opco LLC
01/23/2023	Contact - Document Received Application received changing name of facility from Addington Place of Grand Rapids; changed # of beds from 80 to 90; and changing authorized representative/administrator positions from Marcia Curtis to AR Ellen Byrne and admin Jennifer Stanley.
01/23/2023	Contact - Document Received BCAL1603 changing authorized representative from Marcia Curtis to Ellen Byrne received signed by Richard D. Corey President of MCAP Grand Rapids Opco LLC

01/31/2023 Contact - Document Received  
BCAL1606 from AR Ellen Byrne changing administrator from Marcia Curtis to Jennifer Stanley.

03/13/2023 Referral - Other  
HFES referral to Pier-George Zanoni & Austin Webster - re: name change and # of beds changed on recent HFA application.

05/02/2023 Contact - Document Sent  
Sent email: The service plan provided by AR Ellen Byrne will be accepted as a form, however, please know that the example service plan as written is still lacking specific care and services and the methods of providing the care and services while taking into account the preferences and competency of the resident. For one example: The attached service plan reads the resident requires physical assistance to evacuate. There are no specific care services nor methods of providing that physical assistance. Consequently, as written this would not meet compliance with the definition of R325.1901(t).

05/31/2023 Contact - Document Sent  
Email to E. Byrne AR; G. Aben legal rep. cc: A. Moore - policy review is complete. Need BFS & HFES approvals.

06/07/2023 Occupancy Approval (AH ONLY)  
HFES Austin Webster wrote Bureau of Fire Services (BFS) inspector Philip Scheer gave verbal fire safety approval. Therefore, A. Webster issued occupancy approval.

06/08/2023 Contact - Document Received  
HFES Transmittal issuing occupancy approval, room sheets and floor plan received from HFES engineer Austin Webster

06/09/2023 Contact - Document Sent  
Email to BFS inspector Philip Scheer requesting BFS report.

06/09/2023 Contact - Document Received  
HFES engineer Austin Webster confirmed the 7/16/2021 letter from Marcia Curtiss VP of operations was accurate. A. Webster wrote, "Yes, this is accurate. It is unfeasible to require this already constructed facility to comply with the rule in the licensing rules that requires the exhaust system to be a central system. It would be hundreds of thousands of dollars to make this change. In the past our section has allowed the facility to use commercial grade fans once the residential style fans die out from running constantly to comply with this rule. I already saw

the exhaust fans in operation while I was onsite, but feel free to check them out if you would like. GMB is the architecture firm the facility has been using for the AFC to HFA conversions."

- 06/12/2023      Inspection Completed On-Site  
Met with Ellen Byrne AR, Jennifer Stanley administrator, and John Farstvedt Maintenance. Various items of non-compliance observed.
- 06/12/2023      Referral – Office of Fire Safety  
Informed and provided photos to BFS inspector Phillip Scheer of potential BFS violations: Flexible aluminum foil-type laundry dryer exhaust vent tubes in use (both laundry rooms) and portable electric towel warming devices used in spa rooms that are occupied by residents during bathing.
- 06/13/2023      Contact – Document Sent  
Follow up email re: the BFS referral to P. Scheer.
- 06/13/2023      Contact – Telephone Call Made  
Voice mail left for Austin Webster HFES engineer re: would the facility's use of double occupancy residential units meet compliance when utilized as two separate single-occupancy rooms (107) & 109; (108) & 110; (403) & 401; and (404) & 402.
- 06/13/2023      Contact – Document Sent  
Email to area manager Andrea Moore re: clinical needs request submitted by applicant for installation of numbered keypad lock devices on all memory care exit doors. She is reviewing.
- 06/14/2023      Contact – Telephone Call Received  
HFES engineer Austin Webster left voice mail message confirming that the facility's use of double occupancy residential units as two separate single-occupancy rooms is acceptable. See rooms (107) & 109; (108) & 110; (403) & 401; and (404) & 402. Room numbers in parentheses are not recognized by the HFES room sheets, but instead considered part of the numbered residential unit.
- 06/14/2023      Contact – Document Received  
BFS inspector P. Scheer's email confirmed dryer exhaust vent tubing is out of compliance with BFS rules. He is checking with his superiors regarding the use of portable electric towel warmers in resident spa rooms.
- 06/15/2023      Contact – Document Sent

List of 06/12/2023 out-of-compliance items sent via email to authorized representative Ellen Byrne cc: administrator Jennifer Stanley.

**R325.1917(2)** The home was not in compliance with Bureau of Fire Services fire safety rules:

- The two laundry rooms dryer exhaust vent tubing was made of flexible aluminum foil type product rather than rigid material. Confirmed out of compliance by P. Scheer.
- The two spa bathing rooms contained portable electric towel warmers (heating device) for use when residents are showering. P. Scheer is checking BFS position on this device in an HFA.

**R325.1979(3)** Potentially hazardous and/or toxic materials (Resident A's prescription medications) were not stored in a safe manner. On 6/12/2023, I observed 16 monthly medication punch cards containing various prescription medication, along with a box of Imodium and a box of medicated inhalation powder, left unsupervised/unattended on top of the medication cart within direct access of four assisted living residents, who were watching television in the common space area, within 10 feet of the medication cart. There were no staff in this room.

**R325.1944(1)(d)** Staff person #1 affirmed having been responsible for the unattended medications on the medication cart. Staff #1 reported having worked at the facility for two years, having been trained by another staff person who is no longer employed by the home, and having been assigned as the facility's supervisor for that day shift on 6/12/2023. Administrator Jennifer Stanley was unable to locate staff person #1's record of medication administration training.

**R325.1931(7)** Administrator Jennifer Stanley was unable to locate evidence confirming staff person #1's competency had been evaluated in regard to medication administration training.

**MCL333.20178(1)(e)** The memory care unit did not provide a secured physical environment and design features appropriate to support the function of residents with Alzheimer's disease or a related condition. The memory care unit windows in the day/dining/activity area and in at least two resident rooms, easily opened fully.

**R325.1921(1)(b)** There was a lack of an organized program of protection and safety. The use of bedside assistive devices on at least four resident beds were not addressed in accordance with the facility's policy. For examples:

Resident B a bedside assistive device that slid between the mattress and the bedframe. It was made of metal tubing, designed in an upside down "U" shape, was not attached to the bedframe, and it had a significant space (approx. 18 inches) between the "U" tubing to allow for a limb or head to become entangled. The use of this device is contrary to the facility's *Bed Rails and Enablers Policy* dated 9/01/2022 that reads, "Enablers must be mechanically attached to a metal bed frame . . . ." Administrator Jennifer Stanley said that Resident B's family must have installed the device without her knowledge. Ms. Stanley then removed the device.

Residents C and D each had bedrails attached to each side of their beds. The physician orders for Resident C read, "May have two side rails on bed" and the orders for Resident D read, "Please deliver for patient: side rails for bed". The physician orders did not include specific mandated use, such as the purpose of the rails nor the method of use. This is contrary to the facility's *Bed Rails and Enablers Policy* dated 9/01/2022 that reads, "Half bed rails . . . are only used with specific Physician's Orders mandating the use and will require the permission of the Executive Director".

Also contrary to the *Bed Rails and Enablers Policy* dated 9/01/2022 that read, "Half bed rails are only utilized . . . .", Resident E in room 803 had two Halo ring devices installed, one on each side of her bed. The facility's policy does not specify Halo Ring type devices may be used in the home. Also, administrator Jennifer Stanley was unable to locate Resident E's record for any physician order for this device.

**R325.1901(1)(t)** In regard to the use of bedside assistive devices, the residents' service plans do not meet the definition of a service plan. Also, the *Bed Rails and Enablers Policy* dated 9/01/2022 reads, "Use of rails will be documented in the resident's Service plan along with instructions for monitoring" but the residents' service plan do not meet this requirement. The service plans for residents C, D and E do not identify the specific care and maintenance, services, and activities appropriate for the individual, regarding how to utilize the devices, nor and the methods of providing the care and services

with the devices, nor the instructions for monitoring the resident and the device, while taking into account the preferences and competency of the resident related to the use of the device.

Vague terminology is documented in the service plans:

- Resident C's service plan reads, "Resident will maintain and/or maximize current level of functioning with assistive device Hospital bed, bed rails, wheelchair Resident Aide 3 time(s) per day, every day".
- Resident D's service plan reads, "Resident will maintain and/or maximize current level of assistance with bed mobility. Assist resident with bed mobility needs Resident Aide".
- Resident E's service plan reads "Resident will maintain and/or maximize current level of functioning with assistive device Hospital bed with assist bar, walker, wheelchair Resident Aide 3 time(s) per day, every day".  
It is unclear whether an "assist bar" is meant to refer to a Halo ring device.

In addition, the facility's *Bed Rails and Enablers Policy* dated 9/01/2022 indicates the device is to "meet the following spacing specifications: a) Maximum of 4 3/4" opening within the rails. B) Maximum of 2 1/3" from the mattress" and includes former HFA licensing Technical Assistance Manual verbiage, such as, "Inspection of the bedrails and bed and bedside assistive devices should ensure: a) The bed rail or device is mechanically sound firmly attached to the bed frame and any latches or mechanics are in good working order. B) The distance between the slats (the horizontal or vertical supports between the perimeter of the rail itself) or the bed rail is small enough to prevent the resident's head/leg or arm from becoming accidentally entrapped between the slats. C) Bed rail protective barriers, e.g. netting or clear padding, used to close off open spaces between the slats do not obstruct the resident's view from the bed . . . ." but the policy does not specify how these issues will be addressed by the home, who will ensure these items, how they will be completed, the frequency, etc. Also, there were no protective barriers on the bed rails or the Halo ring to close off open spaces between slats.

**R325.1953(1)** The facility posted a list of food items served at each meal for the week. There was a sentence at the bottom indicating that mechanically altered diets would have their foods altered. This does not meet the requirement that the home shall prepare and post the menu for regular and therapeutic or special



diets for the current week and that changes shall be written on the planned menu to show the menu as actually served. An example menu containing both regular and therapeutic diets was provided for guidance.

**R325.1954** Administrator Jennifer Stanley said the facility was not maintaining a meal census. An example meal census was provided for guidance.

- 06/22/2023 Contact – Document Received  
Response submitted by Ellen Byrne, to the list of findings sent on 6/15/2023. I was on LOA when this came in. Therefore, reviewed on 6/28/2023.
- 06/28/2023 Contact – Document Sent  
Returned menu, meal census, bedside assistive device policy along with physician orders and service plans for three individuals – to E. Byrne for revisions to meet compliance.
- 07/06/2023 Contact – Document Received  
Response submitted by Ellen Byrne, including revised bedside assistive device policy, and service plans for two individuals (the third no longer in residence), and meal census.
- 07/12/2023 Contact – Document Received  
E. Byrne submitted revised menus and photos of memory care windows.
- 07/12/2023 Contact – Telephone Call Made  
Ellen Byrne affirmed that the changes made to the memory care unit windows now prevent them from being tilted in and from being opened more than a couple of inches.
- 07/12/2023 Contact – Document Sent  
Email to BFS inspector Philip Scheer. Mr. Scheer called back and said his report is completed and approved, just awaiting supervisor's signature.
- 07/17/2023 Inspection Completed- Fire Safety: A  
BFS inspector Philip Scheer sent the BFS approval report dated 07/05/2023, under the facility name Addington Place of Grand Rapids. Mr. Scheer explained that was the name that was originally submitted but it is approved for this same address.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Commonwealth Senior Living at Grand Rapids has been licensed and operating, as four separate twenty-bed adult foster care facilities, dating back to 1995. The most recent license numbers:

- AL410404569 Commonwealth at Grand Rapids Seaside
- AL410404570 Commonwealth at Grand Rapids Bay Pointe
- AL410404571 Commonwealth at Grand Rapids Nantucket
- AL410404572 Commonwealth at Grand Rapids Peace Harbor

In February 2021, the owner applied for Chapter 33 type home for the aged licensure by converting the four properties into one structure with construction of a main entrance and integrating all four facilities.

Given the construction materials of the initial structures, the license application is defined as a board and care facility under Chapter 33 of the National Fire Protection Association standard 101. According to Bureau of Fire Services requirements, a Chapter 33 type of a home for the aged building requires residents to evacuate the building in times of disaster. This will include evacuation during fire drills, as well.

Commonwealth Senior Living at Grand Rapids is located on the north side of 68<sup>th</sup> street, a four-lane road zoned 35 mph. A driveway named as Bonnie Ave. leads from 68<sup>th</sup> street and curves east toward the building. The single-story residential facility is located in a rural wooded residential area at the southern end of Kent county. The driveway and parking are along the front and side of the building. There are two drainage ponds, one directly behind and another alongside the facility.

The facility's main entrance leads into the assisted living area of the facility. This area was designed for residents that require assistance with activities of daily living. The assisted living area includes the lobby, administrative offices, the main kitchen, staff offices/desk areas, various day/dining/activity spaces, a spa room, the hair salon, and a laundry room.

According to the Department's Health Facilities Engineering Section room sheets, there are 46 residential units in this assisted living area including with eight units designated for double occupancy, for a total capacity of 54 assisted living beds. Specifically, those double-occupancy units are numbered as: 106, 109, 110, 205, 401, 402, 409, and 504. The applicant has elected to separate four of double-occupancy residential units and utilize each unit as two individual single-occupancy rooms. These specific double occupancy units are comprised of two separate rooms, with each room having a direct access door to the main corridor. The two rooms share a bathroom. The applicant decided to number the residential units into two rooms such that Residential unit 109 is now known as Room 107 and Room 109; Residential unit 110 is now known as Room

108 and Room 110; Residential unit 401 is now known as Room 401 and 403, and Residential unit 402 is now known as Room 402 and Room 404. This change in use and numbering by the home has no impact on the approved capacity number of assisted living area resident beds which remains at 54.

The facility's memory care area is located on the north side of the building. It is a secured unit designed for individuals who have been diagnosed with Alzheimer's disease or a related condition. There are 30 residential units in the memory care area with six units approved for double occupancy: Units 603, 604, 703, 704, 803, and 804 for a total capacity of 36 memory care beds. The memory care area is entered via the assisted living. For resident safety, main exit doors in the memory care area are secured with delayed egress bars that sound an alarm when opened. The applicant is considering a change for these doors to have numbered keypads that can be opened only with staff assistance. The windows in this area are equipped with stop devices so that they can only be opened a few inches, also for resident safety.

The memory care unit has its own day/dining/activity space, a meal service area, a staff office/desk area, a spa room, and laundry room. Meals are prepared in the main kitchen and then transported into the memory care unit for serving.

Most every residential unit has attached bathrooms with shower, the exception being six memory care residential units that have attached water closets consisting of a sink and commode. Each residential unit has its own individualized HVAC thermostat.

Emergency pull cords are present in all resident bathrooms to summon assistance from staff. The home has additional emergency pull cords available that can be affixed to any wall and moved for convenience, such as next to a bed or a recliner chair. Personal emergency pendants are also available upon request to summon staff assistance. Staff are alerted to the pull cords and pendant summons via tablet and cell phone devices that inform them specifically which resident is requesting care.

A bed and bedside table along with towels, washcloths, and bedding are available to all residents, although residents are encouraged to bring their own furniture and personal belongings for their own comfort.

The home is equipped with video monitoring cameras in the kitchen, medication rooms, staff break room, and communal areas. Staff utilize walkie-talkie devices for communication with one another.

The facility has two exterior courtyards, one accessible by the residents in the assisted living area and one by the memory care area. An approximate eight-foot-tall decorative metal fence surrounds the memory care courtyard.

The facility is equipped with a whole home fire suppression system. According to the Bureau of Fire Services, residents of the home for the aged areas constructed to

Chapter 33 board and care facility standards are expected to evacuate the building in case of fire.

This facility has municipal water and sewer.

## **B. Program Description**

Commonwealth Senior Living at Grand Rapids is owned and operated by MCAP Grand Rapids Opco, LLC. A business entity search of the State of Michigan Department of Licensing and Regulatory Affairs Corporations Online Filing System revealed MCAP Grand Rapids Opco, LLC is a foreign limited liability company, organized 02/24/2020 in the state of Delaware, with a Michigan qualification date of 3/09/2020. MCAP Grand Rapids Opco, LLC has registered an assumed names of Commonwealth Senior Living at Grand Rapids, Addington Place of Grand Rapids and Lakeside Senior Living at Gaines.

As a licensed home for the aged, MCAP Grand Rapids Opco, LLC proposes to provide room, board, and supervised personal care to individuals aged 55 and older in the facility known as Commonwealth Senior Living at Grand Rapids. The facility represents to the public the provision of services to individuals with Alzheimer's disease or related conditions. Initial and ongoing training will be provided to all staff including specialized training for those working in the memory care area.

Commonwealth Senior Living at Grand Rapids is a smoke-free facility.

On 01/20/2023, MCAP Grand Rapids Opco, LLC's president Richard Corey submitted a letter attesting Commonwealth Senior Living at Grand Rapids will not hold resident funds nor refundable deposits. Therefore, no surety bond is necessary.

In addition, Mr. Corey's 01/20/2023 letter attests that Commonwealth Senior Living at Grand Rapids will not serve food to any non-residents, such as residents' family members, staff, vendors, and visitors. Therefore, no food service establishment license is required.

## **C. Rule/Statutory Violations**

On 06/07/2023, the Dept. of LARA Health Facilities Engineering Section (HFES) engineer Austin Webster issued an Opening Survey with Occupancy Approval, Room Sheets, and Floor Plan approving 76 residential units and identifying 14 units (explained in Section A. above) having double occupancy for a total capacity of 90 beds. The applicant utilizes four of the HFES identified double-occupancy residential units, as eight single-occupancy rooms, thereby configuring the home to have 80 resident rooms, with 10 rooms designated for double occupancy [Rooms 106, 205, 409, 504, 603, 604, 703, 704, 803, 804]. Either view of 76 units with 14 double occupancy, or as 80 units with 10 having double occupancy, the capacity remains consistent at 90 beds.

Mr. Webster relayed that the facility is serviced by two 100 KW Caterpillar diesel generators, that meet compliance to MCL333.21335 to provide lighting at all entrances and exits and to operate equipment to maintain fire detection, alarm, and extinguishing systems, telephone switchboards, heating plant controls, and other critical mechanical equipment essential to the safety and welfare of the residents, personnel, and visitors.

According to Mr. Webster's Occupancy Approval Transmittal, on 05/31/2023, the Dept. of LARA Bureau of Fire Services (BFS) state fire inspector Phillip Scheer issued fire safety certification approval, but no BFS report was received. On 6/12/2023, in a telephone conversation, Mr. Scheer said he verbally informed Mr. Webster of the fire safety approval.

On 06/12/2023, I conducted an on-site inspection of the building and met with licensee authorized representative Ellen Byrne, administrator Jennifer Stanley, and the building maintenance staff John Farstvedt. Several items were identified to be out of compliance.

On 06/15/2023, I sent a list of non-compliance findings to Ms. Byrne and Ms. Stanley.

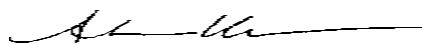
On 06/22, 07/06, and 07/12/2023, Ms. Byrne submitted documentation and photos to demonstrate items have been brought into compliance.

On 06/12/2023, I made a referral to Bureau of Fire Services inspector Philip Scheer regarding the laundry dryer exhaust vent tubes and the towel warming devices observed in bathrooms.

On 07/17/2023, Mr. Scheer emailed his BFS approval report dated 07/05/2023.

#### IV. RECOMMENDATION

It is recommended that a temporary 6-month home for the aged license/permit for this facility be issued. The terms of the license will enable the licensee to operate a home for the aged with a total capacity of 90 licensed beds and programs for aged and Alzheimer's disease or related condition care.



07/17/2023

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Andrea Krausmann  
Licensing Staff

Date

Approved By:



08/01/2023

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Andrea L. Moore, Manager  
Long-Term-Care State Licensing Section

Date