



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 31, 2023

Stephanie Yancer  
JSY Elder Care  
Lot 262  
10450 6 Mile Rd.  
Battle Creek, MI 49014

RE: Application #: AS130417977  
**Creekside Elder Care**  
**14193 6 1/2 Mile Rd.**  
**Battle Creek, MI 49014**

Dear Mrs. Yancer:

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,

*Kevin L. Sellers*

Christy Schilling, 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**

<b>License #:</b>	AS130417977
<b>Applicant Name:</b>	JSY Elder Care
<b>Applicant Address:</b>	Lot 262 10450 6 Mile Rd. Battle Creek, MI 49014
<b>Applicant Telephone #:</b>	(269) 986-3496
<b>Licensee Designee:</b>	Stephanie Yancer
<b>Administrator:</b>	Stephanie Yancer
<b>Name of Facility:</b>	Creekside Elder Care
<b>Facility Address:</b>	14193 6 1/2 Mile Rd. Battle Creek, MI 49014
<b>Facility Telephone #:</b>	(269) 986-3494
<b>Application Date:</b>	10/17/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED ALZHEIMER

## II. METHODOLOGY

10/17/2023	Enrollment
10/17/2023	Inspection Report Requested – Health 1034011
10/17/2023	PSOR on Address Completed
10/17/2023	File Transferred To Field Office Lansing via SharePoint.
10/17/2023	Application Incomplete Letter Sent emailed to licensee designee Stephanie Yancer.
10/20/2023	Contact - Document Received from licensee relating to app incomplete letter.
10/20/2023	Contact - Telephone call made with licensee scheduling on-site inspection.
10/20/2023	Application Complete/On-site Needed - Scheduled On-Site Inspection 10/25/2023.
10/24/2023	Inspection Completed On-site Env. Health A Rating.
10/25/2023	Inspection Completed On-site
10/25/2023	Inspection Completed-BCAL Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Creekside Elder Care is a wood frame single story ranch style home with a partially finished basement, located at 14193 6 ½ Mile Road Battle Creek, Michigan in Calhoun County. There are multiple restaurants and convenience stores within walking distance, as well as Harper Creek School District located within two miles of the facility. Direct care staff and visitor parking is located in the driveway of the facility with ample amount of space provided.

Residents will only occupy the 1st floor of the facility which includes six resident bedrooms, staff office, one full bathroom, two half bathrooms, kitchen, dining room, and a large living room. Residents have access to the bathrooms, kitchen, living room, dining room and screened sitting room located on the rear deck of the home. The licensee designee, her spouse will occupy the partially finished basement. The partially finished basement includes a bedroom, kitchen, full bathroom, joined dining and living room. There are three separate approved means of egress with one located at the driveway entrance, the second at the south exit of the home and the third located at the rear deck of the home. Wheelchair accessible ramps are attached at the front entrance

of the home and south exit with both ramps extending to a solid unobstructed ground. The home is wheelchair accessible with these two approved means of egress.

The facility utilizes public sewer and private water supply disposal system. The facility was found to be in substantial compliance with applicable environmental health rules after an inspection from the Calhoun County Health Department on 10/24/2023.

The basement door is constructed of 1 3/4-inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the first floor of the facility to the basement. The facility has two separate furnaces and one hot water heater observed in the mechanical room located in the basement. The furnaces and hot water heater use natural gas. The furnaces and hot water heater were inspected by a licensed professional on 07/19/2023 and found to be in fully operational order. While observing the mechanical room the furnace and hot water heater are in the room which is constructed of materials having a 1-hour-fire resistance rating.

The facility is equipped with hardwired interconnected blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. There are smoke detectors in sleeping areas, near heating equipment and on each level of the home. The facility is equipped with a fire extinguisher located in the kitchen and basement areas of the facility. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Beds
1	10' 2" X 11' 0"	110 sq. ft.	1
2	11' 9" X 11' 0"	121 sq. ft.	1
3	11' 7" X 9' 5"	110 sq. ft.	1
4	11' 7" X 9' 5"	110 sq. ft.	1
5	11' 7" X 9' 5"	110 sq. ft.	1
6	11' 7" X 9' 5"	110 sq. ft.	1

The indoor living and dining areas measure a total of 160 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this home can accommodate six (6) residents only. It is the licensee's responsibility not to exceed the licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) male or female residents who are aged and/or diagnosed with Alzheimer's disease. The program will include social interaction skills, personal hygiene, training to develop

personal adjustment and living skills, and an opportunity for involvement in day programs including transportation. The applicant intends to accept residents with private pay as a source of payment.

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, and the responsible agency.

In addition, the licensee will provide all transportation for all residents' programming and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, churches and local parks. These resources provide an environment to enhance the quality of life and increase the independence of residents.

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

The applicant is Stephanie H. Yancer under the name JSY Elder Care LLC, DBA who is listed as the Administrator and Licensee Designee. Mrs. Yancer 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. A licensing record clearance request was completed with no convictions recorded for Stephanie Yancer. Stephanie Yancer submitted a medical clearance request with statements from a physician documenting her good health and current TB negative results.

Stephanie Yancer has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mrs. Yancer has five years of experience working in senior medical facilities. Mrs. Yancer has two years of experience working with the aged population at a licensed AFC facility. During Mrs. Yancer's employment at this AFC, she worked in various roles including direct care staff member, administrative duties completing resident paperwork, lead resident medication administrator, and lead trainer for new employees. Mrs. Yancer owns and operates a licensed AFC in March 2023 which she continues to successfully operate. Mrs. Yancer has completed all required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one-staff-to-six residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated direct care staff will be awake during sleeping hours.

The applicant acknowledges that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 acknowledges 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](http://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 and that only those direct care staff that have received medication training and have been determined competent by the licensee designee can administer medication to residents. In addition, the applicant has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are 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 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 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to

achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their 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 acknowledges 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 temporary license to this AFC adult small group home with a capacity of six (6) residents.

*Kevin L Sellers*

10/26/2023

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Kevin Sellers Date  
Licensing Consultant

Approved By:

*Dawn Timm*

10/31/2023

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Dawn N. Timm Date  
Area Manager