

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 29, 2024

Michelle Christiansen Christiansen Tender Loving Care LLC 13780 County Road 428 Newberry, MI 49868

RE: Application #: AM480417900

Christiansen's Tender Loving Care

13780 County Road 428 Newberry, MI 49868

Dear Michelle Christiansen:

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 11 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) 643-7960.

Sincerely,

Garrett Peters, Licensing Consultant Bureau of Community and Health Systems 234 W. Baraga Ave. Marquette, MI 49855

(906) 250-9318

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM480417900

Licensee Name: Christiansen Tender Loving Care LLC

Licensee Address: 13780 County Road 428

Newberry, MI 49868

Licensee Telephone #: (906) 322-1967

Licensee Designee/Administrator: Michelle Christiansen

Name of Facility: Christiansen's Tender Loving Care

Facility Address: 13780 County Road 428

Newberry, MI 49868

Facility Telephone #: (906) 293-7045

Application Date: 09/27/2023

Capacity: 11

Program Type: PHYSICALLY HANDICAPPED

AGED

II. METHODOLOGY

08/24/2023	Inspection Completed- Fire Safety A
09/27/2023	On-Line Enrollment
09/28/2023	Inspection Report Requested - Health 1033951
09/29/2023	PSOR on Address Completed
10/04/2023	File Transferred to Field Office Flint via SharePoint
10/06/2023	Application Incomplete Letter Sent
10/30/2023	Inspection Completed On-site
10/30/2023	Inspection Completed -Env. Health: A
12/04/2023	Application Complete/On-site Needed
12/04/2023	Inspection Completed On-site
12/21/2023	Inspection Report Requested - Health
01/08/2024	Inspection Completed -Env. Health: A
01/17/2024	Inspection Completed-BCAL Full Compliance
01/23/2024	Contact - Document Received Received zoning clarification from zoning administrator for Luce County.
01/24/2024	Inspection Completed On-site Inspection of wheelchair ramps
01/26/2024	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home was recently purchased by Nick and Michelle Christiansen from Edward and Robin Ketola, the previous owners, who operated the home as an adult foster care medium group home. The home is an adult foster care medium group home licensed for eleven residents, between the ages of 25 and 90. The home accepts both males and females. The home is in Upper Michigan (Luce County) and is located in Newberry. I was told by Mark Rivard, the Luce County codes administrator, that this property use has been in place for many decades. A confirmation of this is in the file.

The facility is a one story, ranch-style, brick home with a full basement. Residents are prevented from entering the basement with two locked doors. The home is located less than one mile from the local hospital and is also located close to shopping areas and recreational opportunities. Newberry also has emergency services available in its community. The facility has private well water, recently tested as satisfactory, and a public sewer system. The facility contains nine bedrooms, all on the same floor, giving most residents a private bedroom. The home has three toilets and two showers for its residents, all on the first floor, and is wheelchair accessible, having two separate ramps at two of the three means of egress.

The nine resident bedrooms measure of follows:

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Bedroom 1: 9'6" x 12'2" or 117 square feet – single occupancy
Bedroom 2: 11'3" x 9'2" or 104 square feet – single occupancy
Bedroom 3: 9'2" x 11' or 101 square feet – single occupancy
Bedroom 4: 9'1" x 12'7" or 116 square feet – single occupancy
Bedroom 5 and 6: 12' x 16' or 192 square feet – double occupancy
Bedroom 7 and 8: 12' x 16'2" or 194 square feet – double occupancy
Bedroom 9: 9'1" x 12'7" or 116 square feet - single occupancy
Bedroom 10: 10'10" x 12'9" or 130 square feet - single occupancy
Bedroom 11: 11'7" x 8'11" or 95 square feet - single occupancy
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The living/dining room is a large open area measuring 22' x 18' + 5' x 11' or 451 square feet.

The home's heat producing equipment is located in the basement and is fully enclosed. The home had a satisfactory rating from the Bureau of Fire Services on 8/24/2023.

B. Program Description

The facility provides 24-hour supervision, protection, and personal care for up to 11 male or female residents who are Physically Handicapped and Aged. There will always be at least 1 staff person on duty. The licensee understands that staffing my need to be increased based on the needs of the current residents. The program will emphasize

and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

C. Applicant and Administrator Qualifications

The Licensee Designee and Administrator is Michelle Christiansen. A licensing record clearance was completed with no LEIN convictions for the licensee designee. The submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults. Michelle Christiansen provided verification she obtains the experience and education to meet the requirements of licensee designee and administrator for this home.

The applicant has provided their program statement, admission and discharge policies and their house rules. The applicant has also provided training information that they will be using to train staff.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

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, the resident information or both.

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 can 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.

The applicant acknowledges responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file. 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. 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 medium group home with a capacity of 11 residents.

Garrett Peters

Licensing Consultant

<u> 1/26/2024</u>

1/29/2024

Date

Approved

Mary E. Holton Area Manager

Date