

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 1, 2024

Belinda Ide Ide AFC Home, LLC 1188 S. Gunnell Road Eaton Rapids, MI 48827

> RE: Application #: AM470417042 Ide Assisted Living 2111 N. Latson Rd Howell, MI 48855

Dear Ms. Ide:

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 12 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,

Julie Ellers

Julie Elkins, 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 #:	AM470417042	
Licensee Name:	Ide AFC Home, LLC	
Licensee Address:	1188 S. Gunnell Road Eaton Rapids, MI 48827	
Licensee Telephone #:	(517) 897-1845	
Licensee Designee:	Belinda Ide	
Administrator:	Belinda Ide	
Name of Facility:	Ide Assisted Living	
Facility Address:	2111 N. Latson Rd Howell, MI 48855	
Facility Telephone #:	(517) 897-1845	
Application Date:	07/12/2023	
Capacity:	12	
Program Type:	MENTALLY ILL AGED	

# II. METHODOLOGY

07/10/2023	Inspection Completed-Fire Safety: A.
07/12/2023	On-Line Enrollment.
07/17/2023	Inspection Report Requested – Health.
07/17/2023	Inspection Report Requested – Fire String Initiated.
07/17/2023	Application Incomplete Letter Sent 1326A, RI-030 and AFC-100.
08/29/2023	Contact - Document Received 1326/RI 030 for Belinda Ide (referred to C Coburn for review).
08/29/2023	PSOR on Address Completed.
09/06/2023	File Transferred to Field Office Lansing Via SharePoint.
09/07/2023	Application Incomplete Letter Sent.
02/16/2024	Contact - Document Sent Email to LD requesting needed documents/polices that need to be updated.
03/12/2024	Contact - Document Received.
03/12/2024	Inspection Completed-Env. Health: A.
04/08/2024	Inspection Completed On-site.
04/22/2024	Inspection Completed On-site.
04/22/2024	Contact - Document Received from licensee designee Belinda Ide.
4/22/2024	Contact – Document sent to licensee designee Belinda Ide.
4/25/2024	Contact - Document Received from licensee designee Belinda Ide.
4/30/2024	Inspection Completed On-site full compliance.

# III. DESCRIPTION OF FINDINGS & CONCLUSIONS

## A. Physical Description of Facility

The facility is a ranch-style home that was built in 1964 with vinyl siding located in a semi-rural area northeast of downtown Howell, MI on a .85-acre lot. The facility is on a busy road and has a large, paved driveway that provides ample parking for visitors and staff. The facility has a detached two-car garage with concrete floors and is used for storage. There is a large composite deck attached to the rear of the facility located off both exits from the great room and kitchen. The deck has a large sitting area and a wheelchair ramp that exits onto the paved driveway. The deck also has gates at two separate exits and handrails on all open sides. The large deck can be accessed through the kitchen or the great room and can be utilized to observe nature and enjoy the outdoors. The second wheelchair ramp is wood and is located on the opposite end of the facility by the bedrooms and has handrails on all open sides and exits at the front of the property.

Howell is a historic city in Michigan that offers a variety of attractions and activities for visitors such as exploring the downtown area, which features many historic buildings, shops, restaurants, and museums. You can also enjoy the annual Michigan Challenge Balloonfest, which showcases colorful hot air balloons and entertainment. The Howell Nature Center has wildlife exhibits, trails, and a zip line. Thompson Lake offers a beach, a boat launch, and a fishing pier. Additionally, Howell has many places to shop, eat and has a hospital.

The main level of the facility consists of a living room, great room, dining room/kitchen, a small sitting area, three full bathrooms, and seven resident bedrooms. The facility has a full finished basement that consists of an office with sitting area, one half bath used by employees, and an enclosed laundry/utility room that also contains the furnace and hot water heater. The residents do not access the basement even though it has egress. The facility's furnace and hot water heater are located in the utility room, which has a solid wood core door that is equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with a fire safety sprinkler system and there is a fire extinguisher on each floor. All smoke detectors are hard-wired into the structure's electrical system and are located in all sleeping areas, kitchens, and living areas. The resident bedrooms, living and activity areas measured as follows:

Living Room		154 square feet	
Great Room		455 square feet	
Bedroom #1	9'9" x 8'8"	84.5 square feet	1 resident
Bedroom #2	13'6 x 8'9 and 2'7" x 9'10"	143 square feet	2 residents
Bedroom #3	13'6 x 8'9 and 2'7" x 9'10"	143 square feet	2 residents
Bedroom #4	12' x 11'10"	142 square feet	2 residents
Bedroom #5	12' x 11'10"	142 square feet	2 residents

Bedroom #6	12' x 11'10"	142 square feet	2 residents
Bedroom #7	12' x 11'10"	142 square feet	2 residents

The indoor living and dining areas measures over 1,600 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The basement which contains the laundry appliances and heating and cooling elements are not included in the living space and are not regularly accessed by the residents. Residents do not do their own laundry but may aid in folding clothes should their assessment plan indicate this is appropriate. Based on the above information, this facility can accommodate twelve residents. Although some of the resident bedrooms are large enough to accommodate a same sex roommate or a married couple, the applicant understands the license capacity of 12 residents cannot be exceeded.

On July 25, 2023, Sherrie Pierce from the Oceola Township Zoning Ordinance documented in a signed letter that on June 9, 2011, "Oceola Township approved a Special Use Permit for the operation of a State Licensed Adult Foster Care Residence for no more than 12 adult residents at said site, 2111 N. Latson, Howell, MI 48855."

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is fully sprinkled. The facility has a private water supply and private sewage disposal system. The Livingston County Health Department inspected the facility on and 3/12/2024 and the facility received an "A" rating. The facility received full approval from the Bureau of Fire Safety on 07/10/2023.

# **B.** Program Description

The facility will provide 24-hour supervision, protection and personal care for up to 12 female and male residents and who are either aged and/or have a diagnosis of mental illness. The applicant's primary preference is to provide care to individuals who are at least 45 years in age or older and fall within the two program types listed above (Mental Illness and Aged). The applicant's program statement is to serve the mentally ill and/or aged population experiencing limitations which prevent them from living without constant supervision and assistance. The program's goal is to create a peaceful and loving environment while efficiently and completely caring for the loved ones entrusted to them. Each resident will receive assistance as identified in their assessment plan and kept as active as possible by engaging each resident in meaningful activities. The applicant encourages family members to visit and actively engage with their loved ones. Alarms have been placed on all exits to alert staff members when someone exits/enters the facility. Belinda Ide submitted admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

The licensee will ensure transportation is available for program and medical needs. Facility direct care staff members 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, local parks, recreational activities and planned resident outings as a source of entertainment.

Belinda Ide in collaboration with facility direct care staff members will continually assess the resident and make changes as necessary to meet the resident needs. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by direct care 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 such as Tri-County Office on Aging for recreational activities as well as bringing in books from the local library for residents. The facility has board games, puzzles, and crafts as well. The program will utilize resources to provide an environment to enhance the quality of life of residents.

## C. Applicant and Administrator Qualifications:

The applicant is Ide AFC Home, LLC., a "For Profit Corporation", established in Michigan on July 25, 2023. The applicant 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.

The Board of Directors has submitted documentation appointing Belinda Ide as licensee designee and administrator for this facility. Criminal history background checks were completed and Belinda Ide was determined to be of good moral character to provide licensed adult foster care. Belinda Ide submitted a statement from a physician documenting good health and current negative tuberculosis test results.

The licensee designee/administrator Belinda Ide has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Belinda Ide is and has been a certified nurse assistance (CNA) since 1984 where she has worked with various populations in the hospital setting for 11 years. Simultaneously since 1982 she has worked in adult foster care settings as a direct care worker assisting those aged, mentally ill and developmentally disabled for the past 40 years. Belinda Ide has owned and operated her own family adult foster care home since 1992 where she has served the same residents for the past 32 years.

Belinda Ide reported there will be at least two staff members per shift but will adjust the staff ratio as the number of residents grows and to ensure that the safety, supervision and care of the residents are met in accordance with the resident's written assessment plan. Staff members will be awake while on shift even on midnight shift.

Belinda Ide 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) and the related documents required to demonstrate compliance.

Belinda Ide 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 licensee designee Belinda Ide will administer medication to residents. In addition, applicant Belinda Ide has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

Belinda Ide acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. Belinda Ide 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. Belinda Ide acknowledged the 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.

Belinda Ide 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, applicant Belinda Ide acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer staff or those documents contained within each employee's record.

Belinda Ide an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Applicant Belinda Ide 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 of the residents' personal money transactions that have been agreed to be managed by the applicant.

Belinda Ide 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. Belinda Ide indicated the intent to respect and safeguard these resident rights.

Belinda Ide 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.

Belinda Ide 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.

Belinda Ide acknowledged that residents with mobility impairments will only reside on the main floor of the facility.

## **D. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

## IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC medium group home with a capacity for 12 residents.

Julie Ellens

04/30/2024

Julie Elkins Licensing Consultant

Date

Approved By:

05/01/2024

Dawn N. Timm Area Manager Date