



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 13, 2024

Andrea Flood  
CSM Davison, LLC  
1435 Colt Ave NE  
Grand Rapids, MI 49505

RE: Application #: AL250415455  
Americana Seniors 2 Suite A  
432 E. Clark  
Davison, MI 48423

Dear Andrea Flood:

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 20 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,

A handwritten signature in blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 931-1092

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250415455
<b>Applicant Name:</b>	CSM Davison, LLC
<b>Applicant Address:</b>	1435 Colt Ave NE Grand Rapids, MI 49505
<b>Applicant Telephone #:</b>	(616) 308-6915
<b>Licensee Designee:</b>	Andrea Flood
<b>Administrator:</b>	Andrea Flood
<b>Name of Facility:</b>	Americana Seniors 2 Suite A
<b>Facility Address:</b>	432 E. Clark Davison, MI 48423
<b>Facility Telephone #:</b>	(616) 308-6915
<b>Application Date:</b>	12/22/2022
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

12/22/2022	Enrollment
12/22/2022	Application Incomplete Letter Sent 1326, afc 100, ltrs letter
01/23/2023	PSOR on Address Completed
01/24/2023	Contact - Document Sent forms sent.
01/24/2023	Contact - Document Received RI 030/Fingerprint & AFC 100 for Emery Dumas
06/06/2023	Application Incomplete Letter Sent
01/18/2024	Inspection Completed-Fire Safety: A
03/05/2024	Contact - Telephone call made. Left message for Licensee Designee to return call.
03/13/2024	Contact - Document Sent Application incomplete letter sent to Andrea Flood.
04/15/2024	Application Complete/On-site Needed
04/30/2024	Inspection Completed On-site
04/30/2024	Inspection Completed-Env. Health:A
04/30/2024	Inspection Completed-BCAL Full Compliance
05/13/2024	Recommend License Issuance.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility is a single level building, located in a residential area in the City of Davison, MI. This facility is located in close proximity to numerous community businesses and resources. This facility is owned by CSM Davison, LLC, the applicant. This facility is wheelchair accessible. The façade of this facility is a modern brick material with vinyl trim.

There are three (3) furnaces, and two (2) hot water heaters located a mechanical room with a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware creating floor separation. The furnaces and hot water heaters were inspected on approved on 02/25/2024. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. A residential sprinkler system has been installed giving full coverage to the facility. The laundry room is located on the main floor of the facility.

The facility utilizes public water and sewer services. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health effective 04/30/2024. This facility has two wings with resident bedrooms. All of the resident bedrooms are single occupancy and contain a full bathroom. There is an additional full bathroom located in each hallway. The bedrooms are as follows:

<b>East Wing</b>			
<b>Bedroom #</b>	<b>Total Sq, Ft.</b>	<b>Resident Beds</b>	<b>Private bathroom</b>
1	264 sq. ft.	1	Full bath
2	264 sq. ft.	1	Full bath
3	264 sq. ft.	1	Full bath
4	264 sq. ft.	1	Full bath
5	264 sq. ft.	1	Full bath
6	264 sq. ft.	1	Full bath
7	264 sq. ft.	1	Full bath
8	264 sq. ft.	1	Full bath
9	264 sq. ft.	1	Full bath
10	264 sq. ft.	1	Full bath
<b>West Wing</b>			
11	264 sq. ft.	1	Full bath
12	264 sq. ft.	1	Full bath
13	264 sq. ft.	1	Full bath
14	264 sq. ft.	1	Full bath
15	264 sq. ft.	1	Full bath
16	264 sq. ft.	1	Full bath
17	264 sq. ft.	1	Full bath

18	264 sq. ft.	1	Full bath
19	264 sq. ft.	1	Full bath
20	264 sq. ft.	1	Full bath

This facility contains a private dining area for residents to entertain friends and family measuring 221 sq. ft. The main living area of this facility measures 750 sq. ft. with an additional small sitting area measuring 100 sq. ft. This facility also contains a medication room, staff office, full industrial kitchen with dining area large enough for all 20 residents. This facility contains a laundry room adequate to meet the needs of 20 residents.

Compliance with Rule 400.15410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

The facility has four separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15408. The interior of the facility is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406, and R 400.15407.

Based on the above information, it is concluded that this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant, CSM Davison, LLC., submitted a copy of the required documentation. 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 20 male or female ambulatory adults, age 55 or older, whose diagnosis is aged, physically handicapped, and Alzheimer's disease in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

The applicant will ensure that the resident's transportation for program and medical needs are met. The applicant/facility will also provide transportation to transport residents to access community-based resources and services.

In addition to the above program elements, 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 public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant is CSM Davison LLC., which is a "Domestic Limited Liability Company", was established in Michigan on 8/12/22. 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 of CSM Davison, LLC. has submitted documentation appointing Andrea Flood as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results.

The licensee designee/ administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 1 staff-to-15 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), 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, 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 on each resident receiving medication.

The applicant acknowledges their 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 applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

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 and 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 large group home (capacity 13-20).



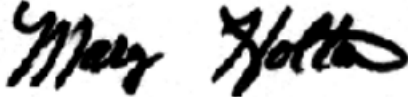
5/13/24

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Kent W. Gieselman  
Licensing Consultant

Date

Approved By:



5/13/24

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Mary E. Holton  
Area Manager

Date