



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2024

Jeffrey Chaffee
Jeffrey D. Chaffee and Maria LeZyle A Chaffee
7021 N. Hartel Rd
Pottersville, MI 48876

RE: Application #: AM230418294
Country Woods Adult Care
7021 N. Hartel Rd
Pottersville, MI 48876

Dear Jeffrey Chaffee and Maria Chaffee:

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,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM230418294
Applicant Name:	Jeffrey D. Chaffee and Maria LeZyle A Chaffee
Applicant Address:	7021 N. Hartel Rd Potterville, MI 48876
Applicant Telephone #:	(517)-214-2144
Licensee Designee:	Jeffrey Chaffee
Administrator:	Maria Chaffee
Name of Facility:	Country Woods Adult Care
Facility Address:	7021 N. Hartel Rd Potterville, MI 48876
Facility Telephone #:	(517) 214-2144
Application Date:	03/05/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

04/18/2023	Inspection Completed-Fire Safety : A refer to AM230388695
02/06/2024	Inspection Completed-Env. Health : A refer to AM230388695
03/05/2024	Enrollment
03/05/2024	Application Incomplete Letter Sent Requested 1326/RI030, and additional \$100 for the medium group capacity
03/05/2024	PSOR on Address Completed
03/05/2024	Contact - Document Sent forms sent
04/04/2024	File Transferred To Field Office
04/11/2024	Application Incomplete Letter Sent
05/03/2024	Documentation Received -Registered Deed.
05/03/2024	Confirming Letter Sent.
05/03/2024	Documentation Received -Zoning Approval.
05/03/2024	Documentation Received -Medical Clearance, Admission/Discharge Policy, Program Statement, Refund Policy, Floor Plan, Projected Income, Trainings, Resume, Job Descriptions, Policy and Procedures, Staff Schedule, Refund Policy, Furnace Inspections, Fire Safety Inspection, Financial Statements.
05/28/2024	Inspection Completed On-site
05/28/2024	Documentation Received-Transcript.
05/28/2024	Inspection Completed -BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Country Woods Assisted Living is a large ranch-style facility originally built in 1991 and renovated in 2019 on a 1.29-acre lot that is set back a few hundred feet from the road in Potterville, Michigan. Potterville is located approximately twelve miles southwest of downtown Lansing and seven miles northeast of Charlotte. Restaurants, shopping, a bank, post office, library and a variety of churches are available to residents in and near Potterville. The facility is equipped with seven security cameras. Three cameras are outside the facility, one in front, one in the back of the facility and one on the side of the facility. Four cameras are in the facility, one in the basement, one in the family room and two in the hallway, one on each wing of the facility. Cameras are not in the resident bedrooms and are in the common areas only.

The facility has 12 private resident bedrooms, two full resident bathrooms, a dining area, kitchen, living room, laundry room, salon, employee office, and sunroom. The facility is wheelchair accessible and has two exits with wheelchair ramps from the main level of the facility. One wheelchair accessible entrance/exit is located at the front of the facility and the other is located off the side of the facility. Hallways and door widths inside of the facility are able to accommodate individuals who use wheelchairs to assist with mobility. In the back of the facility, residents can enjoy an enclosed covered patio/sunroom to watch for deer, birds and other wildlife. The facility has ample parking for resident guests and facility employees.

The facility utilizes private water supply and private sewage disposal system. This facility was inspected by the Barry-Eaton District Health Department on 02/06/2024 and was in substantial compliance.

The facility is equipped with two gas forced heat furnaces and a gas hot water heater, which were inspected and found to be in good working order on 05/08/2024. The furnaces and hot water heater are located in the unfinished basement and floor separation is established by a fire-rated, fully enclosed metal door located on the first floor of the facility. The facility is equipped with a central air-condition system.

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 been determined by the Bureau of Fire Services to be in substantial compliance with the applicable fire safety administrative rules on 03/18/2024.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'2" X 8'9"	106	1

2	12'2" X 8'9"	106	1
3	14'1" X 7'7"	107	1
4	13'5" X 8'5"	112	1
5	11'9" X 9'6"	111	1
6	11'9" X 9'6"	111	1
7	12' X 9'5"	113	1
8	12'2" X 9'5"	114	1
9	12' X 9'7"	115	1
10	10'6" X 11'	116	1
11	12'5" X 10'5"	129	1
12	10'5" X 12'8"	131	2

The indoor living and dining areas measure a total of 2,900 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate twelve residents. Resident Bedroom #12 is the only resident bedroom that has the square footage to accommodate a married couple or two same-sex roommates. It is the licensee's responsibility not to exceed the facility's licensed capacity of 12 residents.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to twelve male and female ambulatory and non-ambulatory residents whose diagnosis is aged, or physically handicapped in the least restrictive environment possible. The program will include personal care and medication assistance, housekeeping and laundry services, scheduled activities and group outings, and transportation to and from outings and appointments. The applicant intends to accept residents from the Tri-County Office on Aging.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques, and only with the prior approval of the resident, guardian, and the responsible agency.

Transportation will be provided as agreed upon in each resident's *Resident Care Agreement*. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including schools, libraries, churches, shopping centers, sporting events, and local parks to improve the quality of life and personal independence of residents.

C. Applicant and Administrator Qualifications

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

A licensing record clearance request was completed with no convictions recorded for

Jeffrey Chaffee and Maria Chaffee. Jeffrey Chaffee and Maria Chaffee submitted medical clearance requests with statements from a physician documenting their good health and current negative tuberculosis test results.

Jeffrey Chaffee and Maria Chaffee have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Jeffrey Chaffee and Maria Chaffee have provided proof of required trainings in CPR/First Aid/AED, Nutrition, Cultural Diversity, Person Centered Planning, Bloodborne Pathogens, Emergency Preparedness, Recipient Rights, Medications, Health, Orientation to Direct Care, and Working with People. Jeffrey Chaffee has over five years experience providing direct care to the populations that will be served in this facility. Maria Chaffee has over five years experience providing direct care to the populations that will be served in this facility.

The staffing pattern for the original license of this twelve bed facility is adequate and includes a minimum of one staff for twelve residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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 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.

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

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

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant 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. The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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 resident personal money transactions that have been agreed to be managed by the applicant.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights. The applicant 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.

The applicant 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.

The applicant acknowledged 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 six-month temporary license to this medium adult foster care group home with a capacity of twelve (12) residents.



06/04/2024

Eli DeLeon
Licensing Consultant

Date

Approved By:



06/11/2024

Dawn N. Timm
Area Manager

Date