



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 20, 2024

Andy Venn
Magnify Services Inc
1726 Teel Ave
Lansing, MI 48910

RE: Application #: AS330418453
Magnify Services Inc
832 Pierce Rd
Lansing, MI 48910

Dear Mr. Venn:

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,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, 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 #:	AS330418453
Licensee Name:	Magnify Services Inc
Licensee Address:	1726 Teel Ave Lansing, MI 48910
Licensee Telephone #:	(519) 489-2729
Licensee Designee:	Andy Venn
Administrator:	Andy Venn
Name of Facility:	Magnify Services Inc
Facility Address:	832 Pierce Rd Lansing, MI 48910
Facility Telephone #:	(517) 483-2131
Application Date:	05/05/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/05/2024	On-Line Enrollment
05/07/2024	PSOR on Address Completed
05/07/2024	Contact - Document Sent- form sent - also requested AFC-100 for Ibilola
05/10/2024	Contact - Document Received IRS Letter
05/10/2024	File Transferred To Field Office
05/14/2024	Application Incomplete Letter Sent
05/20/2024	Contact - Document Received Requested documents received from licensee designee, Andy Venn.
05/23/2024	Application Incomplete Letter Sent Documents reviewed. Application incomplete letter emailed to Mr. Venn requesting further documentation.
06/14/2024	Application Complete/On-site Needed
06/14/2024	Inspection Completed On-site
06/14/2024	Inspection Completed-BCAL Sub. Compliance
06/18/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home, at 832 Pierce Rd. Lansing, MI 48910, is a single story ranch home with a walk out basement. The home is located in Ingham County, in the City of Lansing, near Cavanaugh Park and Everett High School. The home is a 4 bedroom, 1 ½ bathroom home. Three of the bedrooms will be licensed for double occupancy resident use and the fourth bedroom will be for direct care staff use during sleeping hours. All bedrooms and bathrooms are located on the main floor of the home. All bedrooms are equipped with a ceiling fan that is operational. The home is also air conditioned for resident comfort. There is a full bathroom which is equipped with a bathtub/shower combination. The exhaust vent was in working order at the time of the inspection. The front entrance of the home opens into the living room area, which wraps around to the kitchen/dining room. The dining room is located within the large kitchen as an eat in kitchen. The rear

entrance exits onto a large, elevated deck which overlooks a private and wooded large backyard space. The half bathroom is located just off the kitchen adjacent to the rear entrance of the home. The two means of egress, bathroom doors, and resident bedroom doors were all equipped with positive latching, non-locking against egress hardware at the of the inspection. The home utilizes public water and sewer services. The facility is not wheelchair accessible and cannot admit residents who require the regular use of a wheelchair to assist with mobility.

The natural gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The applicant provided documentation of a recent furnace and water heater inspection completed on 5/24/24, and a recent electrical inspection completed on 5/29/24. Both inspections noted these systems to be in good working order.

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 x 13'10	166sqft	2
2	11'6 x 13'4	153.3sqft	2
3	11'1 x 13'4	147.8sqft	2
4	Live in staff member bedroom	Not measured	N/A
Living Room	23'5 x 14'6	339.5sqft	N/A

The living, dining, and sitting room areas measure a total of 339.5 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's 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 ambulatory adults whose diagnosis is aged, developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from Clinton, Eaton, Ingham County CMH, Tri County Office on Aging,

or private pay individuals as a referral source.

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 licensee will arrange for all transportation for program 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Magnify Services, Inc., which is a Non-Profit Corporation that was established in Michigan, on 4/23/24. 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 Magnify Services, Inc. have submitted documentation appointing Andy Venn as Licensee Designee & Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator, Andy Venn. Mr. Venn submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

Mr. Venn has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Venn provided an updated resume highlighting over two years of experience working for a licensed AFC organization as a direct care provider in their adult foster care facilities providing for residents with mental illness, developmental disabilities, and the aged population.

The staffing pattern for the original license of this __6__ bed facility is adequate and includes a minimum of _1_ staff –to- _6_ 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 that direct care staff will not be awake during sleeping hours. The applicant verbalized understanding that if a resident assessment plan identifies the need for awake staffing then this level of care will be provided. The applicant has identified that the direct care staff will round every two to three hours during the night hours to ensure resident safety. The direct care staff bedroom is located on the same level of the home as resident bedrooms and adjacent to all resident bedrooms.

The applicant acknowledged 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 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) 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 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 acknowledges their 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 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, 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 of 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 in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a maximum capacity of six residents.



6/20/24

Jana Lipps
Licensing Consultant

Date

Approved By:



06/20/2024

Dawn N. Timm
Area Manager

Date