



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 26, 2024

Noelle Conzelmann  
Lutheran Child and Family Services d/b/a Wellspring  
2825 Wieneke Road  
Saginaw, MI 48603

RE: Application #:	AM730418347 Bethesda Lutheran Supported Living Home 210 Mayer Road Frankenmuth, MI 48734
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Dear Noelle Conzelmann:

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 10 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,

Martin Gonzales, 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**

<b>License #:</b>	AM730418347
<b>Licensee Name:</b>	Lutheran Child and Family Services d/b/a Wellspring
<b>Licensee Address:</b>	2825 Wieneke Road Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 791-1831
<b>Licensee Designee:</b>	Noelle Conzelmann
<b>Administrator</b>	Ann Finta
<b>Name of Facility:</b>	Bethesda Lutheran Supported Living Home
<b>Facility Address:</b>	210 Mayer Road Frankenmuth, MI 48734
<b>Facility Telephone #:</b>	(989) 652-6212
<b>Application Date:</b>	03/27/2024
<b>Capacity:</b>	10
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

03/27/2024	On-Line Enrollment
03/28/2024	PSOR on Address Completed
03/28/2024	Inspection Completed-Fire Safety : A refer to AM730009476
03/28/2024	Contact - Document Sent forms sent
04/23/2024	Contact - Document Received
04/23/2024	Contact - Document Sent sent email requesting AFC100 for admin
05/30/2024	File Transferred To Field Office
05/30/2024	Contact - Document Sent email to Licensee Designee.
06/14/2024	Application Incomplete Letter Sent 1st application incomplete letter sent to Licensee Designee Noelle Conzelman.
07/18/2024	Application Incomplete Letter Sent 2nd application incomplete letter sent.
07/22/2024	Application Complete/ Onsite Needed.
07/22/2024	Inspection Completed On-site
07/22/2024	Inspection Completed-Env. Health: A Completed On-site.
07/22/2024	Inspection Completed-BCAL Full Compliance
07/22/2024	Exit Conference Completed with Licensee Designee and Administrator.
07/25/2024	Recommend License Issuance
07/25/2024	SC-Application Received - Original

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Bethesda Lutheran Supported Living Home is located at 210 Mayer Road, Frankenmuth in the City of Frankenmuth. The home is one level with a brick sided structure and a basement. The home is currently licensed as an Adult Foster Care Medium Group Home under the license number AM730009476. The facility was purchased by Lutheran Homes of Michigan, Inc., d/b/a Wellspring Lutheran Services on 06/01/2024.

The facility has a kitchen, a dining room, living room, three full baths, six bedrooms on the main floor. Three of the six bedrooms are double occupancy. There is a staff office with locks and the locked medication cabinets are located in there. The basement has two family rooms, exercise room, laundry room and food storage room. The facility has 5 independent means of egress. There is a two-car detached garage and the driveway has adequate parking for staff and visitors. The facility is wheelchair accessible.

The furnace, hot water heater and sprinkler tanks are located in the basement and have a 1 ¾ inch solid core door equipped with and automatic self-closing device. This home was inspected and approved by Bureau of Fire Services on March 28, 2024. The home has public water and sewer system. The home has hardwired smoke detectors that are interconnected together. The smoke detectors also include a carbon monoxide detector combination. The home has fire extinguishers, which meets the requirements of R 400.14506.

The electrical work was done in accordance with the National Electric Code. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

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

Bedroom #	Room Dimension	Total Square Footage	Total Resident Beds
# 1	13'6" x 11'2"	150.75	1
# 2	13'7' x 11'	149.42	2
# 3	12' x 10'9"	129.00	1
# 4	12'11" x 17'4"	223.89	2
# 5	13'4 x 13'7"	181.11	1
# 6	13'7" x 11'2"	151.68	2

The living room and dining room areas measure a total of 590.78 square feet of living space. The kitchen measured a total of 181.25 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, 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.

Based on the above information, it is concluded that this facility can accommodate **10 (10)** 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 **ten (10)** male or female ambulatory adults, aged 18 and older whose diagnoses is developmentally disabled. 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. Residents will be referred from: word of mouth, Nursing home, hospitals, and A & D Waiver.

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 provide all transportation for program and medical needs. The resident and/or family members are responsible for any related charges for transportation services. 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, libraries, local museums, shopping centers, and local parks.

## **C. Application and Administrator Qualifications**

The applicant is Lutheran Child and Family Services d/b/a Wellspring, which is a "Non-Profit Corporation" was established in Michigan on 05/09/1899. 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.

Lutheran Child and Family Services d/b/a Wellspring, submitted documentation appointing Noelle Conzelmann as Licensee Designee and Ann Finta as the facility administrator. Licensing record clearance request were completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 10-bed facility is adequate and includes a minimum of 1 staff to 4 residents per shift. All staff shall be awake during sleeping hours.

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 employees 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/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**

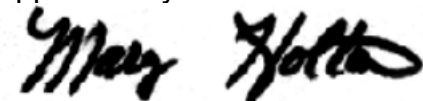
I recommend issuance of a temporary license and special certification to this AFC adult medium group home (capacity 7-12).
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07/25/2024

Martin Gonzales Licensing Consultant	Date
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Approved By:



07/25/2024

Mary E .Holton Area Manager	Date
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