



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 29, 2024

Darlene Brown  
HCP HOMES LLC  
2532 Kevern Way  
Okemos, MI 48864

RE: Application #: AS330412322  
**HCP HOMES**  
**738 N. Jenison**  
**Lansing, MI 48915**

Dear Ms. Brown:

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**

<b>License #:</b>	AS330412322
<b>Licensee Name:</b>	HCP HOMES LLC
<b>Licensee Address:</b>	2532 Kevern Way Okemos, MI 48864
<b>Licensee Telephone #:</b>	(248) 270-2831
<b>Administrator/Licensee Designee:</b>	Darlene Brown
<b>Administrator:</b>	Darlene Brown
<b>Name of Facility:</b>	HCP HOMES
<b>Facility Address:</b>	738 N. Jenison Lansing, MI 48915
<b>Facility Telephone #:</b>	(248) 270-2831
<b>Application Date:</b>	04/15/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

04/15/2022	On-Line Enrollment
09/26/2022	Comment- request sent for fingerprints to be added
12/29/2022	Application Incomplete Letter Sent
01/09/2023	Contact - Document Received- Confirmation of Application Incomplete Letter received via email from Licensee Designee, Darlene Brown.
02/27/2023	Contact - Document Received- Requested documents received via email from Licensee Designee, Darlene Brown.
02/28/2023	Application Incomplete Letter Sent
04/21/2023	Application Complete/On-site Needed
04/21/2023	Inspection Completed On-site
04/21/2023	Inspection Completed-BCAL Sub. Compliance
04/05/2024	Contact - Document Sent- Email correspondence with licensee designee, Darlene Brown, on 12/27/23, 1/29/24, 2/28/24, 3/13/24, regarding eviction process for current tenants and possible on-site inspection date. Email sent to Ms. Brown on 4/5/24 requesting updated medical clearance form and tb test result as previously supplied documentation is outdated at this time.
08/01/2024	Inspection Completed-BCAL Sub. Compliance
08/23/2024	Inspection Completed On-site
08/23/2024	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

The home located at 738 N. Jenison, Lansing, MI is located near the St. Lawrence Campus of University of Michigan Health – Sparrow in a quiet neighborhood. The home is a two story six-bedroom, home with three full bathrooms and a full basement. Only five of the bedrooms will be licensed for resident use as one of the bedrooms does not have adequate square footage to be licensed for resident use. This bedroom is on the

second floor of the home and will be utilized as a sitting room for resident use. The home has two bedrooms on the main level and one full bathroom on the main level that is equipped with a bathtub/shower combination for resident use. The second floor has three bedrooms licensed for resident use and two full bathrooms. One of the second-floor bathrooms is equipped with a bathtub/shower combination and the other is equipped with a stand-up shower. There is a small area on the second floor which will be designated as the direct care staff office. The front entrance walks into the living room, which leads to the dining room, the kitchen and a hallway with two resident bedrooms and one full bathroom. The kitchen exits to the side driveway and this exit also leads to the basement staircase. There are two sets of stairs that each lead to the second floor of the home. One set of stairs leads from the kitchen to the second story and one set of stairs leads from the front entrance to the second story. The home is not wheelchair accessible as there are multiple steps leading to the two approved means of egress from the main floor of the home. The home does not have wheelchair ramps installed, and the bathrooms are not handicap accessible at the time of the inspection. Each of the approved means of egress were equipped with positive-latching non-locking against egress hardware. All bedroom doors and bathroom doors were also equipped with positive-latching, non-locking against egress hardware. The home utilizes public water and sewer services. The home has central air conditioning. It is not equipped with a generator for emergency power outages.

The natural gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The water heater and furnace were recently inspected and determined to be in good condition on 4/8/24 and 4/10/24. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Proof of recent electrical inspection was provided by the licensee designee.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (main floor)	16'4ft x 8'7ft	140.2sqft.	1
2 (main floor)	10'6ft x 10'3ft	107.6sqft	1
3 (2 <sup>nd</sup> floor)	12'8ft x 4'6ft + 9'10ft x 6'10ft	124.2sqft	1
4 (2 <sup>nd</sup> floor)	10ft x 8'11ft	89.2sqft	1
5 (2 <sup>nd</sup> floor)	9'11ft x 10ft + 6'4ft x 6'8ft	141.4sqft	2
Living Room	19'7ft x 11'4ft	221.9sqft	N/A

Dining Room	11'4ft x 12'9ft	144.5sqft	N/A
Sitting Room (2 <sup>nd</sup> floor)	9'3ft x 8'1ft	74.8sqft	N/A

The living, dining, and sitting room areas measure a total of \_\_441.2\_\_ 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 Community Mental Health, 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 provide 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 HCP Homes, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 8/23/19. 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 members of HCP Homes L.L.C. have submitted documentation appointing Darlene Brown as Licensee Designee & Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Brown. Ms. Brown submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Brown has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She has assisted adults and seniors with challenges individually and as an agency owner. Ms. Brown has been contracted with the Tri-County Office on Aging, the Disability Network for almost two years and with Community Mental Health, Department of Health & Human Services since the beginning of 2024.

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 be awake during sleeping hours.

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](http://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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

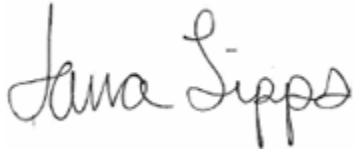
#### **D. Rule/Statutory Violations**

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 capacity 6 residents.



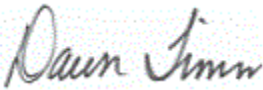
8/26/24

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Jana Lipps  
Licensing Consultant

Date

Approved By:



08/29/2024

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Dawn N. Timm  
Area Manager

Date