



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 29, 2024

Looking Glass Adult Foster Care LLC
1600 E Grand River
East Lansing, MI 48823

RE: Application #: AS330418366
Looking Glass AFC
109 E Randolph
Lansing, MI 48906

Dear Looking Glass Adult Foster Care LLC:
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 #: AS330418366

Licensee Name: Looking Glass Adult Foster Care LLC

Licensee Address: 1600 E Grand River
East Lansing, MI 48823

Licensee Telephone #: (517) 672-9467

Licensee Designee: Meaghan Rinaldi

Administrator: Meaghan Rinaldi

Name of Facility: Looking Glass AFC

Facility Address: 109 E Randolph
Lansing, MI 48906

Facility Telephone #: (517) 672-9467
04/08/2024

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

04/08/2024	On-Line Enrollment
04/10/2024	PSOR on Address Completed
04/10/2024	Contact - Document Sent- 1326 updated
04/23/2024	Contact - Document Received- 1326/RI030
04/29/2024	File Transferred To Field Office
05/01/2024	Application Incomplete Letter Sent- Application Incomplete letter emailed to applicant, Meaghan Rinaldi.
05/23/2024	Contact - Document Received- Requested documents received via email from licensee designee, Meaghan Rinaldi.
05/23/2024	Application Incomplete Letter Sent- Application Incomplete Letter emailed to licensee designee, Meaghan Rinaldi, regarding remaining documents required.
05/28/2024	Contact - Document Received- requested documents received via email.
05/28/2024	Contact - Document Sent- Email to licensee designee, Meaghan Rinaldi, requesting additional documents, emergency preparedness documents, furnace inspection, electrical inspection, LLC financial documents, floor plan with room dimensions, Admission Policy, proof of ownership, permission to inspect.
07/11/2024	Contact - Document Received- Copy of electrical inspection received from licensee designee, Meaghan Rinaldi.
07/30/2024	Application Complete/On-site Needed
07/30/2024	Inspection Completed-BCAL Sub. Compliance
08/22/2024	Inspection Completed On-site
08/22/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home located at 109 E. Randolph, in Lansing, MI, is a ranch style structure with 16 bedrooms, two full bathrooms, two half bathrooms, and a full basement. The home was originally used by the local church as a convent and has recently been transitioned into an adult foster care facility. The home is located on a quiet street in a quiet neighborhood on the north side of Lansing, near the Old Town neighborhood. Although the home has 16 bedrooms, only six of these bedrooms will be licensed for adult foster care use. Each bedroom will be a single occupancy bedroom. There are no bedrooms in the basement of this home. The two full bathrooms and two half bathrooms are all on the main level of the home. The two full bathrooms are mirror images of one another, and each contain, two private toilet stalls, a stand up shower, and two bathtub/shower combinations per bathroom. **The licensee has agreed that only one resident will be allowed to use the toilet and/or bathtubs and shower at a time, despite the bathrooms being multi-resident use bathrooms.** The home walks into an entry way, with a sitting room immediately to the left and the office space for direct care staff to the right of the entry way. The home has large, spacious, living room, dining room, and kitchen areas, all on the main level. The living room contained an electric fireplace, which the licensee designee has noted will not be used as a heating source due to fire risk. The home has a built-in courtyard area in the middle of the structure, with resident access. The home is not wheelchair accessible as there are not wheelchair ramps located at the two means of egress from the main floor and the bathrooms are not wheelchair accessible. The home has four means of egress, the front door and three exits from the back of the facility. The exits all lead residents to safe ground away from the structure via way of a cleared path from the back of the facility to the driveway. All exit doors were equipped with positive latching non-locking against egress hardware. The exits to the courtyard were also equipped with positive latching non-locking against egress hardware, but these exits are not emergency exits as they do not lead the residents away from the facility. The home utilizes public water and sewer services. The home is air conditioned with central air conditioning. The home does not have a generator for emergency power outages.

The gas boiler and hot water heater are located in the basement in a utility room which has two doors that are 1-3/4 inch solid core fire doors which the licensee assured will be kept closed and locked. 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 a recent electrical inspection was provided and dated for 7/11/24. The boiler was inspected on 10/20/22 and was provided a certificate of inspection from Licensing & Regulatory Affairs, that expires on 10/20/25. An additional boiler inspection was conducted on 5/8/24 by a licensed company.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'6ft x 11'6ft	109.25sqft	1
2	10'1ft x 8'10ft	89sqft	1
3	8'8ft x 10'1ft	87.4sqft	1
4	8'8ft x 10'1ft	87.4sqft	1
5	10'1ft x 8'8ft	87.4sqft	1
6	8'8ft x 10'1ft	87.4sqft	1
Living Room	20ft x 24'7ft	491.7sqft	N/A
Dining Room	20ft x 20ft	400sqft	N/A

The living, dining, and sitting room areas measure a total of 891.7sqft 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 Looking Glass Adult Foster Care, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 3/16/22. 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 members of Looking Glass Adult Foster Care, L.L.C. have submitted documentation appointing Meaghan Rinaldi as Licensee Designee & Administrator for this facility.

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

Ms. Rinaldi has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Rinaldi submitted proof of trainings and a current resume highlighting her experience working as a licensee designee for two other adult foster care facilities which also serve the Aged, Mentally Ill, and Developmentally Disabled populations. Ms. Rinaldi has demonstrated greater than one year of experience with these populations.

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) 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 documents 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.

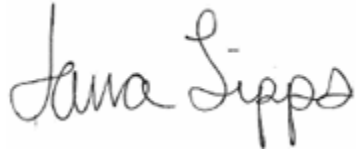
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home capacity 6 residents.



8/26/24

Jana Lipps
Licensing Consultant

Date

Approved By:



08/29/2024

Dawn N. Timm
Area Manager

Date