



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 19, 2024

Michael Kruckeberg  
Essence Memory Care LLC  
981 N Mill St  
Plymouth, MI 48170

RE: Application #: AS630418131  
**Essence Memory Care LLC**  
**20800 E Chigwidden St**  
**Northville, MI 48167**

Dear Michael Kruckeberg:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, reading "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
3026 W. Grand Blvd  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630418131
<b>Licensee Name:</b>	Essence Memory Care LLC
<b>Licensee Address:</b>	981 N Mill St Plymouth, MI 48170
<b>Licensee Telephone #:</b>	(248) 321-2430
<b>Administrator/Licensee Designee:</b>	Michael Kruckeberg
<b>Name of Facility:</b>	Essence Memory Care LLC
<b>Facility Address:</b>	20800 E Chigwidden St Northville, MI 48167
<b>Facility Telephone #:</b>	(248) 321-2430
<b>Application Date:</b>	12/29/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODOLOGY

12/29/2023	On-Line Enrollment
01/03/2024	PSOR on Address Completed
01/03/2024	Contact - Document Sent Forms sent
02/29/2024	Contact - Document Received 1326/RI-030
03/06/2024	Application Incomplete Letter Sent Letter emailed to licensee designee Michael Kruckeberg
06/13/2024	Application Complete/On-site Needed
06/13/2024	Inspection Completed On-site
06/13/2024	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Essence Memory Care LLC is located in a residential area in Northville, Michigan. Michael Kruckeberg, licensee designee has been operating this home under a management agreement since October 13, 2023.

This is a beautiful single-story structure with a large backyard. The first floor of the home consists of four bedrooms, two and one-half bathrooms, a kitchen, a dining room, a family room, and a living room. There is also a conference hall adjacent to one of the bedrooms. There is a large patio and backyard area for the residents to enjoy during warm temperatures.

The community is serviced by public water and sewage system. Medical, social, educational, religious, and shopping resources are located nearby within the surrounding community. To service residents with mobility impairments, the home has 2 approved means of egress that accommodate wheelchairs from the first floor. The facility features a gas forced air heating and central air conditioning. Laundry facilities are located on the main floor of the home and includes a gas-dryer with a metal duct.

The gas furnace and hot water heater are located in the basement of the home. There is a 1¾-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'01" x 9'10"	120	1
2	16'03" x 9'11"	161	2
3	8'11" x 9'11"	88	1
4	16'00" x 12'08"	203	2

**Total capacity: 6**

The family room, living room, dining room and conference hall room areas measure a total of **628** 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, Alzheimer's program statement that specifies structured strength-based programming in a nurturing environment, 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 and non-ambulatory adults whose diagnosis is Alzheimer's Disease, Dementia, and aged 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 private pay individuals as a referral source.

This home will not provide transportation.

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, designated representative, and the responsible agency.

## **C. Applicant and Administrator Qualifications**

Mr. Kruckeberg has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of Mr. Kruckeberg profit and loss statement submitted to operate the adult foster care facility. He is also the owner of Comfort Keepers Home Health located in Plymouth, Michigan.

A licensing record clearance request was completed with no LEIN convictions recorded for the Michael Kruckeberg, the applicant/licensee designee, and the administrator. Mr. Kruckeberg, 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.

Mr. Kruckeberg, the licensee designee, and administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Kruckeberg is the Chief Executive Officer/Owner of Comfort Keepers Home Health located in Plymouth, Michigan where he provided direct care work in a memory care facility that services seniors since 2019.

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. Mr. Kruckeberg 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. Mr. Kruckeberg has indicated that direct care staff will be awake during sleeping hours.

Mr. Kruckeberg 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.

Mr. Kruckeberg 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.

Mr. Kruckeberg 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.

Mr. Kruckeberg 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, Mr. Kruckeberg 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.

Mr. Kruckeberg 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,

Mr. Kruckeberg 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.

Mr. Kruckeberg 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.

Mr. Kruckeberg 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.

Mr. Kruckeberg 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.

Mr. Kruckeberg acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Kruckeberg 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Mr. Kruckeberg acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Kruckeberg indicated that it is their intent to achieve and maintain compliance with these requirements.

Mr. Kruckeberg 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. Mr. Kruckeberg 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.

Mr. Kruckeberg 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**

Mr. Kruckeberg 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 Essence Memory Care LLC, this adult foster care small group home (capacity 6).

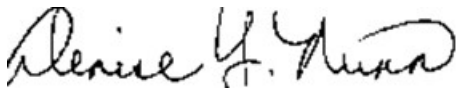


09/16/2024

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Frodet Dawisha  
Licensing Consultant

Date



09/19/2024

Denise Y. Nunn  
Area Manager

Date