



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 4, 2024

Vashu Patel
SUNFIELD MEADOWS INC
10900 JAMES WAY
PORTAGE, MI 49002

RE: Application #: AL230417474
STANFORD LODGE SUNFIELD
241 W GRAND LEDGE HWY
SUNFIELD, MI 48890

Dear Vashu Patel:

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 20 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 "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL230417474
Licensee Name:	SUNFIELD MEADOWS INC
Licensee Address:	10900 JAMES WAY PORTAGE, MI 49002
Licensee Telephone #:	(269) 718-9040
Administrator/Licensee Designee:	Vashu Patel
Name of Facility:	STANFORD LODGE SUNFIELD
Facility Address:	241 W GRAND LEDGE HWY SUNFIELD, MI 48890
Facility Telephone #:	(269) 718-9040 08/15/2023
Application Date:	
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

08/15/2023	On-Line Enrollment
08/25/2023	PSOR on Address Completed
08/30/2023	Contact - Document Received 1326/ri030
09/12/2023	Application Incomplete Letter Sent-Emailed to Vashu Patel.
06/03/2024	Contact - Document Received-Facility Records
06/03/2024	Inspection Completed-Fire Safety : A
06/06/2024	Contact - Document Received-Facility/Licensee Records
06/27/2024	Inspection Completed On-site
07/08/2024	Inspection Completed-BCAL Full Compliance
08/12/2024	Document Received-BCHS-100 Form for household members
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

This facility has been licensed as an adult foster care home since 1986 and is now undergoing a change in licensee or a change in ownership.

Standford Lodge Sunfield is a two-story home constructed of wood framing with vinyl siding. This home sits on over three acres of land in a rural area in the village of Sunfield near a museum, elementary school and 15 miles from restaurants and grocery stores. The main level includes a large spacious dining area, a kitchen, 8 resident bedrooms each equipped with a full private bathroom with a walk-in shower, 1 resident bedroom equipped with a half private bathroom, 11 additional resident bedrooms, a large staff office, a laundry room, a salon, two full resident bathrooms equipped with a walk-in shower, and a full bathroom for staff use. There is a one-bedroom apartment on the upper level of the home and a one-bedroom apartment on the lower level of the home which will be occupied by tenants with completed background checks. Residents will not occupy the upper and lower level of the home. The home is wheelchair accessible throughout and has at least two approved means of egress that are at grade. The home utilizes a public water supply and sewage disposal system.

There are four gas furnaces and four hot water heaters located in the basement of the facility in an enclosed utility room constructed of material which has a 1-hour-fire resistance rating that is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The door leading to the basement at the top of the stairs is equipped with at least a 1-3/4-inch solid core wood door to create floor separation between the basement and the main level.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Battery-powered, single-station smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. Fire extinguishers are on the main level and basement of the facility. On 6/3/2024, the facility was inspected and has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'3" x 11'3"	105 sq ft	1
2	9'3" x 11'3"	105 sq ft	1
3	9'3" x 11'3"	105 sq ft	1
4	9'3" x 11'3"	105 sq ft	1
5	9'3" x 11'3"	105 sq ft	1
6	9'3" x 11'3"	105 sq ft	1
7	9'3" x 11'3"	105 sq ft	1
8	9'3" x 11'3"	105 sq ft	1
9	9'3" x 11'3"	105 sq ft	1
10	9'3" x 11'3"	105 sq ft	1
11	9'3" x 11'3"	105 sq ft	1
12	15'6" x 13"	202 sq ft	1
13	15'6" x 13"	202 sq ft	1
14	15'6" x 13"	202 sq ft	1
15	15'6" x 13"	202 sq ft	1
16	15'6" x 13"	202 sq ft	1
17	15'6" x 13"	202 sq ft	1
18	15'6" x 13"	202 sq ft	1
19	15'6" x 13"	202 sq ft	1
20	8'11" x 14' 8"	120 sq ft	1

The indoor living and dining areas measure a total of 1236 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to 20 male and/or female residents who are aged and/or physically handicapped. The program will include social interaction, training to develop personal hygiene, personal adjustment, opportunity for involvement in day programs and transportation. The applicant intends to accept referrals from Eaton County DHHS, Eaton County CMH, and residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools, local museums, and churches. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Sunfield Meadows Inc., a “For Profit Corporation” established in Michigan on 3/24/2023. 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 Sunfield Meadows, Inc. has submitted documentation appointing Vashu Patel as licensee designee for this facility and the administrator of the facility.

Criminal history background checks of the applicant and administrator, Vashu Patel, were completed and determined to be of good moral character to provide licensed adult foster care. Vashu Patel submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Vashu Patel have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Vashu Patel has experience working with aged and physically handicapped populations for over three years and has been the licensee designee and administrator for other adult foster care homes in the region since 2022.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 2 staff for 20 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

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 six-month temporary license to this adult foster care group home with a capacity of 20 residents.



8/27/2024

Ondrea Johnson
Licensing Consultant

Date

Approved By:



08/29/2024

Dawn N. Timm
Area Manager

Date