



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 17, 2024

Mandi Lloyd  
Blissful Home Care, LLC  
1280 Munger Rd  
Levering, MI 49755

RE: Application #: AM240418226  
Blissful Home Care  
1 Hiland Drive  
Petoskey, MI 49755

Dear Ms. Lloyd:

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 12 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 office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 350-0939

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AM240418226  |
| <b>Licensee Name:</b>                   | Blissful Home Care, LLC  |
| <b>Licensee Address:</b>                | 1280 Munger Rd<br>LEVERING, MI 49755   |
| <b>Licensee Telephone #:</b>            | (231) 203-1323   |
| <b>Administrator/Licensee Designee:</b> | Mandi Lloyd  |
| <b>Name of Facility:</b>                | Blissful Home Care   |
| <b>Facility Address:</b>                | 1 Hiland Drive<br>Petoskey, MI 49755   |
| <b>Facility Telephone #:</b>            | (231) 203-1323   |
| <b>Application Date:</b>                | 02/03/2024   |
| <b>Capacity:</b>                        | 12   |
| <b>Program Type:</b>                    | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>TRAUMATICALLY BRAIN INJURED<br>ALZHEIMERS & AGED |

## II. METHODOLOGY

|            |  |
|------------|--|
| 02/03/2024 | On-Line Enrollment   |
| 02/06/2024 | PSOR on Address Completed  |
| 02/07/2024 | Inspection Report Requested - Fire   |
| 02/07/2024 | Contact - Document Sent<br>Fire Safety String sent                             |
| 02/07/2024 | Contact - Document Sent<br>forms sent  |
| 02/27/2024 | Contact - Document Received<br>1326's, AFC100, tax letter, application         |
| 02/29/2024 | File Transferred to Field Office   |
| 08/06/2024 | Inspection Completed On-site   |
| 08/22/2024 | Application Incomplete Letter Sent<br>Sent to licensee via email as attachment |
| 12/16/2024 | Inspection Complete – Fire Safety: A<br>Received from licensee                 |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility exists on the second floor of a split-level commercial building in the City of Petoskey, Michigan, which was designed for resident care. There are nine resident rooms, some with double occupancy. Each of the double occupancy rooms has its own bathroom. There is also a bathroom and a half-bathroom accessed off the hallway available to the residents. The common areas include the bistro, sitting room, kitchen/activities room and bathing room. The bistro is a comfortable area where residents can get coffee and socialize. The sitting room is adjacent to the bistro and is another area where residents can relax. The kitchen/activities room is where residents will take their meals and engage in various activities. The shower room contains a large shower and jacuzzi tub with a lift. The facility is wheelchair accessible.

A boiler inspection for the facility was completed by the State of Michigan Bureau of Construction Codes/Boiler Section on July 14, 2023. This approval of the boiler expires on July 14, 2026. The facility was inspected by the Bureau of Fire Safety on December 9, 2024. Full approval was given at that time. The licensee will practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. The fire evacuation will be practiced by having staff assist residents to a safe area outside of and away from the building.

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

| Bedroom #         | Room Dimensions             | Total Area      | Capacity         |
|-------------------|-----------------------------|-----------------|------------------|
| 1, 2, 4, 5, 6 & 7 | 25' X 15'                   | 375 square feet | 1 or 2 residents |
| 3                 | 25' X 15'<br>- 9' x 8' x 3' | 363 square feet | 1 or 2 residents |
| 8, 9              | 14' X 12'                   | 168 square feet | 1 resident       |

The bedrooms #1 through #7 each have a bathroom and a kitchenette which includes a sink and small refrigerator. Rooms #8 and #9 have the use of a bathroom and half-bathroom directly across the hall.

The common areas have a total area of 937 square feet. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 12 adult foster care 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 12 male or female ambulatory or nonambulatory adults who are aged or who are diagnosed a developmental disability, a physical handicap, those diagnosed with traumatic brain injuries and those diagnosed with Alzheimer's disease in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the resident's supervising agency or as written in the resident's person-centered plan.

Programs for the Physically Handicapped and those who are Traumatically Brain Injured will include physical and occupational therapy as prescribed, assistance with activates of daily living and community interaction.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

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 for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

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

The applicant is Blissful Home Care, LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on July 28, 2020. 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.

Mandi Lloyd is the sole member of Blissful Home Care, LLC and has appointed herself as licensee designee and administrator of the license and facility.

A criminal history background check was conducted for the Mandi Lloyd. She has been determined to be of good moral character. Ms. Lloyd submitted a statement from a physician documenting her good health and current negative TB-tine results.

The applicant has 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 12-bed facility is adequate and includes a minimum of 1 staff -to- 12 residents per shift during awake hours and 1 staff -to-12 residents during sleeping hours. The number of staff on-hand will always be based on the particular needs of the residents who are present at that time. All staff shall be awake or allowed to sleep during night-time hours based on the needs of the residents.

The applicant 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.

The applicant acknowledges an understanding of the training suitability 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)), 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 good moral character, medical and training 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 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

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

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

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care medium group home (capacity 12).



12/17/2024

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Adam Robarge  
Licensing Consultant

Date

Approved By:



12/17/2024

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Jerry Hendrick  
Area Manager

Date