



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 15, 2024

Country Meadows Care Home, LLC  
3775 Wolf Lk Rd  
Grasslake, MI 49240  
Attn: Thera Nichols

RE: Application #: AM380418074  
**Country Meadows Care Home LLC**  
**3775 Wolf Lk Rd**  
**Grasslake, MI 49240**

Dear Thera Nichols:

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 local office at (517) 284-9730.

Sincerely,

*Mahtina Rubritius*

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-8604

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM380418074
<b>Licensee Name:</b>	Country Meadows Care Home LLC
<b>Licensee Address:</b>	3775 Wolf Lk Rd Grasslake, MI 49240
<b>Licensee Telephone #:</b>	(517) 480-2785
<b>Licensee Designee:</b>	Thera Nichols
<b>Administrator:</b>	Thera Nichols
<b>Name of Facility:</b>	Country Meadows Care Home LLC
<b>Facility Address:</b>	3775 Wolf Lk Rd Grasslake, MI 49240
<b>Facility Telephone #:</b>	(517) 522-5013
<b>Application Date:</b>	11/26/2023
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

05/18/2023	Inspection Completed-Fire Safety : A - Please refer to AM380415523
09/05/2023	Inspection Completed-Env. Health : A Please refer to AM380415523
11/26/2023	On-Line Enrollment
11/27/2023	Contact - Document Sent form sent
01/10/2024	Contact - Document Received - AFC 100
01/22/2024	Application Incomplete Letter Sent
04/16/2024	Inspection Completed-Fire Safety : A
08/21/2024	Application Complete/On-site Needed
08/21/2024	Inspection Completed On-site
08/21/2024	Inspection Completed-BCAL Sub. Compliance
08/27/2024	Inspection Report Requested – Health - Increasing Capacity to 12
09/04/2024	Inspection Completed-Env. Health: A
10/15/2024	Inspection Completed-BCAL Full Compliance

This inspection included a review of the application, forms, and supporting documents including but not limited to the following; company documents, property ownership and lease, organizational charts, processed licensing record and medical clearance, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections.

This facility has been previously licensed as (AM380008530) and (AM380415523).

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

This facility is located in a country residential neighborhood in the Township of Grass Lake. This facility is a one-story home and has a full basement. The primary entrance for residents is located in the front of the facility, facing west. This entrance is equipped with a ramp. The second identified resident exit is located off the back of the facility, facing east. This exit is equipped with the second ramp. The facility has a total of four exits from the main level of the home. The home also has a deck, which wraps around the back of the house. The facility is wheelchair accessible.

The primary entrance opens to the living room, and to the right, the dining room and kitchen can be accessed. To the left, leads to a hallway where the resident bedrooms, laundry room, and bathrooms can be accessed. The facility has two full bathrooms. Bedroom #5 and Bedroom #7 are equipped with half bathrooms and are only to be utilized by the occupants of those rooms. This facility is air conditioned.

The laundry room is located on the main floor and is equipped with a washer and an electric dryer.

The basement is accessed through a door located in the kitchen. The metal door leading to the basement is equipped with an automatic self-closing device and positive latching hardware. There is another fire door located at the bottom of the steps. The furnace and gas water heater are in the basement. The furnace has been inspected and approved by an inspector.

The living quarters of the applicant are in the basement of the home. The basement is equipped with a kitchen, living room, bedrooms, other rooms, and exits which lead directly to the outside of the home. The applicant, her adult son, and extended family reside in the basement of the home. The applicant acknowledges that clearances must be completed on members residing in the home (basement).

The facility has private water supply and sewage disposal system. The facility was determined to be in full compliance with environmental health rules as indicated in the most recent Environmental Health Inspection report.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on all levels of the facility and in required areas of the home. The facility has been inspected by the Bureau of Fire Services and determined to be in full compliance with applicable fire safety rules as documented in the most recent inspection report.

A private vendor will remove trash from the facility on a weekly basis.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom # 1	11'8" x 12'	140 sq. ft.	1
Bedroom # 2	11'8" x 11'11"	139 sq. ft.	2
Bedroom # 3	11'6" x 11'7"	133 sq. ft.	2
Bedroom # 4	11'7" x 11'2"	129 sq. ft.	1
Bedroom # 5	11'10" x 13'6"	160 sq. ft.	2
Bedroom # 6	13' x 11'9"	153 sq. ft.	2
Bedroom # 7	11'7" x 13'9"	159 sq. ft.	2

The indoor living and living areas, (excluding the bedrooms) measure a total of 460 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 12 male or female residents, who are 65 years of age or older and/or are physically disabled. The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Country Meadows Care Home, LLC strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with private sources of 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, the applicant intends to utilize local community resources and senior centers.

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

Country Meadows Care Home, LLC is the applicant for this facility. Thera Nichols is the sole owner of this LLC, and she 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. Thera Nichols has documented, in writing, the appointment of herself as the licensee designee and the administrator for the facility.

A criminal background check of Thera Nichols was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Nichols submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Nichols has adequate work experience in this field and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has also been trained in First Aid and CPR.

The staffing pattern for the original license of the 12-bed facility is adequate and includes a minimum of 1 staff for 12 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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](http://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 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 valuable 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 residents' 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.

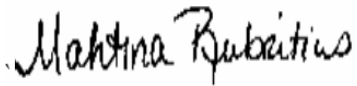
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **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 temporary license to this AFC adult medium group home with a capacity of 12.




10/15/2024

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:



10/15/2024

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Dawn N. Timm  
Area Manager

Date