



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 12, 2025

Tia Glass  
Comfort And Care LLC  
1758 E Clark Rd  
Dewitt, MI 48906

RE: Application #: AS190419091  
**Gunnisonville Meadows East**  
**1816 E. Clark Rd**  
**LANSING, MI 48906**

Dear Ms. Glass:

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,

*Bridget Vermeesch*

Bridget Vermeesch, 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**

<b>License #:</b>	AS190419091
<b>Licensee Name:</b>	Comfort And Care LLC
<b>Licensee Address:</b>	5537 Silverleaf Ct. HASLETT, MI 48840
<b>Licensee Telephone #:</b>	(832) 606-0770
<b>Licensee Designee:</b>	Tia Glass
<b>Administrator:</b>	Tia Glass
<b>Name of Facility:</b>	Gunnisonville Meadows East
<b>Facility Address:</b>	1816 E. Clark Rd LANSING, MI 48906
<b>Facility Telephone #:</b>	(517) 802-0066
<b>Application Date:</b>	01/03/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

09/09/2024	Inspection Completed-Env. Health: A Used EHI inspection from previous license AS190390268.
01/03/2025	On-Line Enrollment
01/06/2025	PSOR on Address Completed
01/06/2025	Contact - Document Sent- sent sample IRS letter
01/10/2025	Contact - Document Received
01/10/2025	File Transferred To Field Office
01/14/2025	Application Incomplete Letter Sent
02/06/2025	Application Complete/On-site Needed
02/06/2025	Inspection Completed On-site
02/06/2025	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Gunnisonville Meadows East was recently purchased by Comfort And Care LLC. The facility is a ranch English Cottage style home with vinyl siding and brick located in north Lansing near the small town of DeWitt, MI. The home is tastefully decorated in warm, comforting colors and fixtures. There is ample parking in the driveway for visitors and employees. There is an enclosed outdoor porch with patio furniture where residents can safely enjoy the outdoors. The facility contains six private resident bedrooms all located on the main floor of the home. Resident bedrooms are equipped with an emergency call alert system which can be activated when assistance is needed. There are two full bathrooms with walk in showers and one also includes a tub, and a half bath with a toilet and sink available for resident use. The facility has a spacious family room, a galley-style kitchen, dining area, sitting/television area, laundry room and medication room on the main floor of the home. The facility is wheelchair accessible and has two approved means of egress with ramps that end on solid ground. All doorways and hallways in the facility are of sufficient width to accommodate wheelchair users. The facility utilizes a private water supply and private sewage system. The Clinton County Environmental Health Department inspected the facility on 09/09/2024 and the facility was found to be in substantial compliance with applicable environmental health rules.

The facility utilizes a natural gas heating system, and the furnace and hot water heater which are located in the basement. Floor separation is created by a 2-inch solid core

door with positive latching hardware located at the top of the stairs. The furnace was inspected by Chasco Heating on 02/24/24 to be found in good working condition.

The facility is equipped with an interconnected, hardwired smoke detection system which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and in the basement. The smoke detection system was inspected on 06/06/24 by Boynton Fire Service and found in good working condition. The facility entrance doors have a magnetic locking system to prevent residents from wandering outside of the facility unsupervised. The locking system is hard wired to the smoke detection system so when the smoke detectors are activated the doors automatically unlock. There is also an emergency button located in the medication room that when pushed deactivates the magnet to unlock the doors. The previous license had a variance approval for this entrance system and Comfort and Care LLC will be requesting a variance for the system to remain in place under this license.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' 4" X 11'11"	171 square feet	1
2	11' 11" X 9' 0"	107 square feet	1
3	13' 0" X 12' 8"	165 square feet	1
4	13' 0" X 12' 8"	165 square feet	1
5	13' 0" X 12' 8"	165 square feet	1
6	13' 0" X 12' 8"	165 square feet	1
Living Room	13'78 X 20'43"	281.52 square feet	
Dining Room	8' X 17'58"	140.64 square feet	

The living, dining, and sitting room areas measure a total of 422.16 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** 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** male or female adults whose diagnosis physically handicapped and/or aged (55) 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 and Medicaid Waiver as a referral source.

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 reach out to local community resources such as public schools, community groups and churches and encourage these groups to bring their programs/education opportunities to the facility to enhance the quality of life of residents.

## **C Applicant and Administrator Qualifications**

The applicant is Comfort and Care LLC., which is a "For Profit Corporation" was established in Michigan, on 12/31/2024. 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 Comfort and Care, LLC. have submitted documentation appointing Tia Glass as Licensee Designee and Administrator of the facility.

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

Tia Glass provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Glass has over 15 years of experience as a Registered Nurse, a Licensed Nursing Home Administrator with clinical and management experience in skilled nursing and assisted living communities with aged individuals and/or those diagnosed with physical disability.

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 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 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](http://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 designee 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 of the documents that are 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.

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

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

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

## VI. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of six residents.

*Bridget Vermeesch*

02/07/2025

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Bridget Vermeesch  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

02/12/2025

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Dawn N. Timm  
Area Manager

Date