



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 20, 2025

Keagan Larson
3190 S. Sashabaw Rd
Oxford, MI 48371

RE: Application #: AF630418769
Seymour Lake AFC Home
3190 S Sashabaw Rd
Oxford, MI 48371

Dear Mr. Larson:

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 that reads "Cindy Berry".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
3026 West Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF630418769
Licensee Name:	Keagan Larson
Licensee Address:	3190 S Sashabaw Rd Oxford, MI 48371
Licensee Telephone #:	(248) 431-8775
Administrator/Licensee Designee:	N/A
Name of Facility:	Seymour Lake AFC Home
Facility Address:	3190 S Sashabaw Rd Oxford, MI 48371
Facility Telephone #:	(248) 431-8775
Application Date:	08/26/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

07/30/2024	Inspection Completed-Env. Health: A See AF630004797
08/26/2024	On-Line Enrollment
08/28/2024	Lic. Unit file referred for background check review PSOR HIT
08/28/2024	Contact - Document Sent Forms sent
08/28/2024	PSOR on Address Completed
10/01/2024	Contact - Document Received 1326/RI030, AFC 100 for all 3, copy of app, MC for each person
10/11/2024	Application Incomplete Letter Sent A copy of the checklist was sent to the applicant.
12/02/2024	Contact - Document Received Received requested documents from licensee.
01/23/2025	Contact - Document Received Received copy of previous licensee's death certificate.
01/28/2025	Inspection Completed On-site
02/11/2025	Contact – Document Received Received furnace inspection report.
02/15/2025	Contact – Document Received Received documentation regarding Class C paneling rating.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Seymour Lake Home (AF630004797) was previously licensed as a family home for more than 40 years with Keagan and Cressy Larson's mother Patricia Larson serving as the licensee.

Seymour Lake AFC Home is located at 3190 S. Sashabaw, Oxford, MI on approximately an acre of land. The rear of the home faces Seymour Lake (a private lake) and it should be noted that the facility's yard is not fenced in. The home, for

licensing purposes, is described as a bi-level style home. The first level, which is entered through the front of the home has two means of approved egress and is used exclusively by the licensee and his family. The lower level consists of two resident bedrooms, living room, dining room, two full bathrooms, a full kitchen, a laundry room and is used solely by the residents. Bedroom # 1 contains two beds while bedroom #2 contains four beds. Bedroom # 2 has 261 square feet of space to accommodate four residents with each bed allowing for at least 3 feet of clearance between beds. There are two approved means of egress from the lower level that both lead out to a cemented patio with a paved walkway that leads to the front of the home.

The home is located in the township of Brandon, which is a residential area that is easily accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Oxford Police Department responds to emergency calls from the home and McLaren Oxford – Emergency Department is located within seven miles of the home.

The furnace and hot water heater are located in the lower level of the home which is equipped with a 1¾ inch solid core door and automatic self-closing device and positive latching hardware. There is a battery-operated smoke detector in each bedroom, in the hallway outside of the resident sleeping area and in the kitchen. The home is not wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'1" x 13'0"	259	2
2	19'10" x 13'2'	261	4

Total capacity: 6

The indoor living and dining areas measure a total of 488 square feet of living space. This meets the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Seymour Lake AFC Home intends to provide 24-hour supervision, protection, and personal care to six male residents aged 18 years and up. The facility will accommodate individuals with mental illness, developmental disabilities and/or who are aged.

Seymour Lake AFC Home will provide assistance with activities of daily living, including but not limited to housekeeping, laundry, meal preparation, nutritional support, medication management, bathing, dressing, and personal care, as based on the individual needs of each resident and as specified in the individual assessment plan.

The program will include instruction for daily living, personal hygiene assistance, social and recreational activities, and transportation. Seymour Lake AFC Home will utilize local community resources for medical services, dental services, religious observance, and recreation.

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, or the responsible person.

C. Applicant and Responsible Person Qualifications

The applicant, Keagan Larson, identified Cressy Larson as the responsible person who can provide up to 72 hours of emergency coverage. A licensing record clearance request was completed for Keagan Larson and Cressy Larson, and they were both determined to be of good moral character. Keagan Larson and Cressy Larson submitted medical clearance forms with statements from a physician documenting their good health and current TB negative results.

Keagan Larson indicated that he has sufficient financial resources to provide for the adequate care of the residents for a period of at least three months.

Keagan Larson acknowledged that an adult foster care family home requires the licensee to reside in the home to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six residents will be the responsibility of Keagan Larson 24-hours a day, seven days a week with the responsible person on call to provide supervision in relief.

Keagan Larson acknowledged an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Keagan Larson acknowledged an understanding of the responsibility to assess the good moral character of employees and 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.

Keagan Larson acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Keagan Larson indicated that resident medication will be locked up and that daily medication logs will be maintained on each resident receiving medication.

Keagan Larson acknowledged the responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, the applicant acknowledged the responsibility to maintain current employee records on file in the home for the licensee, responsible person, volunteers, or staff, and the retention schedule for all of the documents contained within each employee's file.

Keagan Larson acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care

Keagan Larson acknowledged 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.

Keagan Larson acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights.

Keagan Larson acknowledged 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. Keagan Larson indicated his intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Keagan Larson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intent to comply.

Keagan Larson acknowledged the responsibility to obtain the required 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. In addition, Keagan Larson acknowledged the 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.

D. Rule/Statutory Violations

Keagan Larson was in 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 family home with a capacity of six residents.

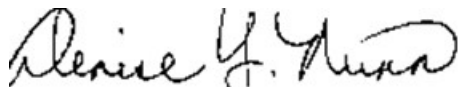


2/19/2025

Cindy Berry
Licensing Consultant

Date

Approved By:



02/20/2025

Denise Y. Nunn
Area Manager

Date