



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 17, 2024

Neil Wright
A Trusted Friend Residential Services
114 Bank Street
Lansing, MI 48911

RE: Application #: AS330418236
Glenwood Home
4209 Glenwood
Lansing, MI 48910

Dear Mr. Wright:

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,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, 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

License #:	AS330418236
Licensee Name:	A Trusted Friend Residential Services
Licensee Address:	114 Bank Street Lansing, MI 48911
Licensee Telephone #:	(866) 945-0269
Licensee Designee:	Neil Wright
Administrator:	Neil Wright
Name of Facility:	Glenwood Home
Facility Address:	4209 Glenwood Lansing, MI 48910
Facility Telephone #:	(517) 483-2278
Application Date:	02/06/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/06/2024	On-Line Enrollment
02/08/2024	PSOR on Address Completed
02/08/2024	Contact - Document Sent- forms sent
02/15/2024	File Transferred To Field Office
02/20/2024	Application Incomplete Letter Sent- Emailed to licensee designee, Neil Wright.
03/25/2024	Contact - Document Received- Email received from applicant, Neil Wright, with supporting documentation.
04/09/2024	Contact - Document Sent- Email reviewed, and correspondence sent to Neil Wright, requesting CPR certification, Standard/Routine Procedures document, updated evacuation plan, house rules mentioned in admission policy.
04/25/2024	Contact - Document Received- Requested documents received via email from applicant, Neil Wright.
04/29/2024	Contact - Document Sent- Documents reviewed and email correspondence sent to applicant, Neil Wright, requesting additional information in Emergency Evacuation Plan, and clarification of experience working with populations on application.
05/28/2024	Contact - Document Received- Email received from applicant, Neil Wright. Response provided via email regarding additional required documentation needed for application.
07/03/2024	Application Complete/On-site Needed
07/03/2024	Inspection Completed On-site
07/03/2024	Inspection Completed-BCAL Sub. Compliance
07/16/2024	Inspection Completed On-site
07/16/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home located at 4209 Glenwood, Lansing, MI 48910, is in Ingham County, within the City of Lansing. The home is located in a quiet neighborhood, near the Old Everett Neighborhood of Lansing. The home is close to Kendon Park and Hawk Island Park. The home is a 5 bedroom, 2 bathroom, two story home with a full basement. There are two single occupancy resident bedrooms on the main level, and one full bathroom with a stand-up shower located on the main level. The second floor of the home has two single occupancy bedrooms and one double occupancy bedroom. There is also a full bathroom on the second floor with a bathtub/shower combination. The main floor has a large living room with a wood burning fireplace, which has been covered and will not be in use. The living room leads into the dining room, which leads to the kitchen. The backyard is accessible through the backdoor located in the kitchen. The backyard is fenced and equipped with a patio area that is detached from the home and sits away from the structure. The main level has two means of egress, one being the front door which leads into the living room, and the second being the backdoor which leads into the backyard from the kitchen. Neither of these means of egress are equipped with wheelchair ramps and both have steps leading into or out of the home. This home is not wheelchair accessible and not considered barrier free. Residents utilizing wheelchairs or other mobility devices shall not be admitted to this home. The basement is an unfinished basement and houses the furnace, water heater, and laundry services. The basement does not have two approved means of egress and does not have a means of egress which directly leads to the outside. Due to this the basement shall not be used for regular resident activities. All bedrooms, bathrooms, and exits were equipped with positive latching non-locking against egress hardware at the time of the inspection. The home utilizes public water and sewer services.

The natural gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The furnace and water heater were inspected and approved on 3/15/24. The electrical system including the interconnected smoke detection system was inspected and approved on 3/7/24. The home is equipped with fire extinguishers on all levels.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'3ft x 13'3ft	122.6sqft	1
2	9'3ft x 10'10ft	100.2sqft	1
3	14'8ft x 11'7ft + 8'7ft x 3'6ft	199.9sqft	2

4	10'10ft x 9'3ft + 6'6ft x 2'4ft	115.4sqft	1
5	15'2ft x 8'5ft	127.7sqft	1
Living Room	20'4ft x 15'2ft	308.4sqft	N/A
Dining Room	11'9ft x 14'11ft	175.3sqft	N/A

The living, dining, and sitting room areas measure a total of _483.7_ 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 (6)** 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 (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 Clinton Eaton Ingham County CMH, or private pay individuals as a referral source.

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 arrange for all transportation for program and medical needs. 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is A Trusted Friend Residential Services, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 6/12/23. 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 members of A Trusted Friend Residential Services, L.L.C. have submitted documentation appointing Neil Wright as Licensee Designee & Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Wright. Mr. Wright has submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Wright has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Wright submitted a current resume which highlighted 1.5 years of experience working as a direct care staff/Program Director for the Eden Prairie Residential Services organization. This experience qualifies Mr. Wright to be able to work with residents with a mental illness or developmental 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 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) 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, 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 six-month temporary license to this adult foster care small group home with a capacity of six residents.



7/17/24

Jana Lipps
Licensing Consultant

Date

Approved By:



07/17/2024

Dawn N. Timm
Area Manager

Date