



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

August 6, 2013

Michelle Brannan
Gunnisonville Meadows, Inc.
11685 Prestle Court
DeWitt, MI 48820

RE: Application #: AL190316312
Gunnisonville Meadows
1454 E. Clark Road
Lansing, MI 48906

Dear Mrs. Brannan:

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 20 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2585.

Sincerely,

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5675

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AL190316312
Applicant Name:	Gunnisonville Meadows, Inc.
Applicant Address:	1454 E. Clark Road Lansing, MI 48906
Applicant Telephone #:	517-214-1880
Licensee Designee:	Michelle Brannan
Administrator:	Angela Scott
Name of Facility:	Gunnisonville Meadows
Facility Address:	1758 E. Clark Road Lansing, MI 48906
Facility Telephone #:	(517) 575-6021
Application Date:	11/22/2011
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

04/08/2011	Contact - Document Sent Rules & Act booklets
11/22/2011	Enrollment changed date per licensing unit manager
11/29/2011	Inspection Report Requested - Health Inv. #1019551
11/29/2011	Inspection Report Requested - Fire
12/07/2011	Application Incomplete Letter Sent
05/15/2012	Contact - Document Received documents received for license
09/27/2012	Contact - Face to Face site visit to review blueprints.
01/31/2013	Contact - Document Received anonymous complaint letter
02/11/2013	Contact - Face to Face Discussed anonymous complaint letter with Tim Brannan, owner of facility.
07/11/2013	Inspection Completed On-site
07/11/2013	Application Complete/On-site Needed
07/11/2013	Inspection Completed-BCAL Sub. Compliance
07/15/2013	Application Incomplete Letter Sent
07/24/2013	Contact- Document Received- documents verifying Michelle Brannan's training received
08/02/2013	Contact- Document Received- Environmental health report received
08/02/2013	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Gunnisonville Meadows is a newly built, ranch style building with aluminum siding located in north Lansing near the small town of Dewitt, Michigan. The facility is adjoined by an existing charter school and daycare facility; however, there is no connecting entrance from the school building to the adult foster care facility. The facility is tastefully decorated in warm, comforting colors and fixtures. There is ample parking space for visitors and employees. It also has an enclosed outdoor courtyard within the center of the facility for residents to safely enjoy the outdoors. The facility contains twenty individual resident rooms each with a private half-bathroom. Nine of the resident bedrooms are furnished with a small kitchenette which includes cupboards, a small sink, and space for a microwave and small refrigerator. Each resident bedroom has an individual heating and cooling unit, so residents are able to determine the temperature of their room at any time. Resident bedrooms are also equipped with an emergency call alert system which can be activated when assistance is needed. There are also three full bathrooms, large resident dining area with kitchenette, laundry room, two resident living areas, full commercial kitchen and medication room. The facility is wheelchair accessible as all entrances/exits are at grade and all doorways and hallways are of sufficient width to accommodate wheelchair users. The facility utilizes private water and a private sewage disposal system. The Clinton County Environmental Health Department inspected the facility on 07/26/2013 and the facility was given an 'A' rating.

The facility uses a natural gas heating system and the furnace and water heater are both located in the locked utility room. The utility room is equipped with a fire-rated metal door which has an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas and near all flame- or heat-producing equipment. The facility is also fully sprinkled. On 07/11/2013, the facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1, 2, 3, 5, 7, 10, 11, 14, 16, 17, & 20	12'0" x 11'10" + 6'8" x 2'4"	157 square feet	One resident per room unless utilized by a married couple
4, 6, 8, 9,	12'2" x 12'4"	150 square feet	One resident per

12, 13, 15, 18, & 19			room unless utilized by a married couple
Living Area #1	18'0" x 15'4"	276 square feet	
Living Area #2	18'0" x 15'4"	276 square feet	
Dining Area	30'6" x 29'0"	884.5 square feet	

The indoor living and dining areas measure a total of 1436.5 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate twenty 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 twenty male and/or female residents who are aged and/or those who have Alzheimer's disease or related conditions. The program will include social interaction, art and music activities, reading, and games that are of interest to the residents. Salon services as well as manicures and massage therapy will also be available to residents. Exercise opportunities are also available on indoor "XFitness" Senior Sport Fitness equipment. The facility will also have internet access so residents can use personal computers or iPads for email, games or skyping with loved ones. Public transportation is available for resident use. The applicant intends to accept residents referred by Tri-County Office on Aging and/or residents with private sources for payment.

For residents diagnosed with Alzheimer's Disease and/or dementia, the applicant plans to gather additional assessment information prior to admission to better understand how the individual's diagnosis of Alzheimer's/dementia impacts their daily living. By gathering this information, the applicant plans to create an individualized plan in order to provide care that best meets the needs of that individual. Additional information regarding this individual's specific interests will also be obtained in an effort to create activities that will be of interest to the individual and will continue to stimulate their cognitive abilities. The applicant plans to continually assess the individual and adjust the plan as needed. Staff members will complete the Dementia Training Manual developed by the Michigan Dementia Coalition as well as on the job training with other staff members already trained in dementia care. Staff members will also receive ongoing training specifically related to Alzheimer's/dementia care each year. Physical plant protections include alarms at all exits and the ability to alarm windows if necessary. The alarms will be activated 24 hours per day.

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 Gunnisonville Meadows, Inc., which is a "For Profit Corporation" established in Michigan on 11/21/2011. 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 Gunnisonville Meadows, Inc. has submitted documentation appointing Michelle Brannan as licensee designee for this facility and Angela Scott as the administrator of the facility.

Criminal history background checks of the licensee designee Michelle Brannan and administrator Angela Scott were completed 07/30/2013 and they were determined to be of good moral character to provide licensed adult foster care. Licensee designee Michelle Brannan and administrator Angela Scott submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Licensee designee Michelle Brannan and administrator Angela Scott have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Michelle Brannan has worked in the medical field as a physician assistant for the past 15 years. During this time she has provided medical care and assistance to multiple elderly individuals including those diagnosed with Alzheimer's disease and/or related conditions. More specifically however, Mrs. Brannan has provided direct care to her father and father-in-law both of whom were diagnosed with Alzheimer's disease and experienced other health issues. This care was provided for approximately five years. Mrs. Brannan also provided in-home care to her mother-in-law for one year after she was diagnosed with a severe medical condition. Administrator Angela Scott has worked as a direct care staff member to elderly residents and residents diagnosed with Alzheimer's disease or related conditions in adult foster care homes for the past 17 years. She is also trained as a certified nursing aide.

The staffing pattern for the original license of this twenty bed facility is adequate and includes a minimum of two staff for twenty residents during the daytime and evening hour shifts and one awake staff person during the nighttime shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 acknowledges 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.

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 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 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 acknowledge 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 valuables 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 resident's 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.

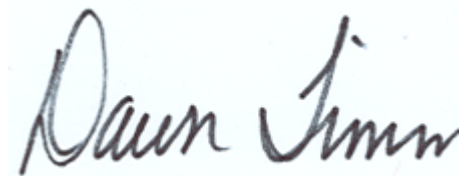
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plan 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 six-month temporary license to this adult foster care large group facility with a capacity for twenty (20) residents.



08/02/2013

Dawn N. Timm
Licensing Consultant

Date

Approved By:



8/6/13

Betsy Montgomery
Area Manager

Date