



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

October 16, 2013

Crystal Dexter  
Grace Valley LLC  
3530 Douglas Avenue  
Kalamazoo, MI 49004

RE: Application #: AS390349283  
Grace Valley  
3530 Douglas Avenue  
Kalamazoo, MI 49004

Dear Mrs. Dexter:

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 (616) 356-0100.

Sincerely,

Kenneth Tindall, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390349283
<b>Applicant Name:</b>	Grace Valley LLC
<b>Applicant Address:</b>	3530 Douglas Avenue Kalamazoo, MI 49004
<b>Applicant Telephone #:</b>	(269) 370-0857
<b>Administrator/Licensee Designee:</b>	Crystal Dexter, Designee
<b>Name of Facility:</b>	Grace Valley
<b>Facility Address:</b>	3530 Douglas Avenue Kalamazoo, MI 49004
<b>Facility Telephone #:</b>	(269) 370-0857
<b>Application Date:</b>	09/25/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

09/25/2013	Enrollment
10/01/2013	Inspection Report Requested - Health 1022099
10/01/2013	File Transferred To Field Office Kalamazoo
10/07/2013	Inspection Completed-Env. Health : A
10/11/2013	Inspection Completed On-site
10/11/2013	Contact - Document Received all required documents
10/14/2013	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

On file is verification that the applicant (Grace Valley LLC) owns the property. The applicant extensively remodeled the facility and on file is building permits and building inspection approvals from the local building authorities.

This is a ranch style home with a lower level walkout that can be used for resident activities. It is located in a suburban area just north of the city of Kalamazoo MI. Residents will occupy the 1<sup>st</sup> floor that has 6 private bedrooms with ½ bathrooms, 1 full bathroom, living room, dining room, and kitchen. The home is wheelchair accessible and has 2 approved means of egress from the 1<sup>st</sup> floor.

The home has public water and a private sewer system that was inspected and approved by the local health department (report on file). An on-site inspection verified compliance with rules pertaining to Environmental Health.

An on-site inspection verified substantial compliance with rules pertaining to Fire Safety. The gas boiler and water heater are located in the lower level in a heat plant room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware. On file is verification that this flame producing equipment was inspected and approved by a qualified service. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back up, which was installed by a qualified service and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'6" by 12'6"	122	1
2	12 by 12'6"	120	1
3	12'4" by 12'6"	124	1
4	11'4" by 13'	117	1
5	12'1" by 12'8"	123	1
6	12' by 12'8"	122	1

The living, dining, and sitting room areas measure a total of 465 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 elderly adults. The applicant's program statement indicates daily activities will be available to stimulate social interaction.

Emergency transportation is available by dialing 911. Transportation provided by the applicant can be negotiated and specified in the resident care agreement.

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

Applicant Grace Valley LLC is a "Domestic Limited Liability Company", established in Michigan, on 07/18/2013. 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 Grace Valley LLC have submitted documentation appointing Crystal Dexter as Licensee Designee and Administrator for this facility.

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

Crystal provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

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](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, 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.

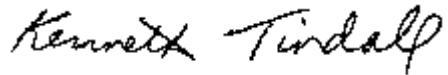
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

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

### III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



10/16/2013

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Kenneth Tindall  
Licensing Consultant

Date

Approved By:



10/16/2013

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Jerry Hendrick  
Area Manager

Date