



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 16, 2013

Louis Andriotti
Vista Springs Northview Operations, LLC
3740 Richton Ave. NE
Grand Rapids, MI 49525

RE: Application #: AL410337475
Vista Springs Northview Woods
3736 Richton Avenue NE
Grand Rapids, MI 49525-2437

Dear Mr. Andriotti:

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 you may 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,

Arlene B. Smith, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL410337475

Applicant Name: Vista Springs Northview Operations, LLC

Applicant Address: 3740 Richton Ave. NE
Grand Rapids, MI 49525

Applicant Telephone #: (616) 364-4690

Administrator/Licensee Designee: Louis Andriotti, Designee
Joanne Elenbaas, Administrator

Name of Facility: Vista Springs Northview Woods

Facility Address: 3736 Richton Avenue NE
Grand Rapids, MI 49525-2437

Facility Telephone #: (616) 364-4690

Application Date: 11/05/2012

Capacity: 20

Program Type: MENTALLY ILL, AGED
DEVELOPMENTALLY DISABLED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/05/2012	Enrollment
11/27/2012	Comment Per Licensing Consultant due to change of ownership a new Fire Safety inspection is not needed.
11/27/2012	Contact - Document Sent Rule & ACT Books
11/27/2012	File Transferred To Field Office Grand Rapids
11/27/2012	Inspection Report Requested - Health 1020947
11/30/2012	Comment app rec'd in GR / file forwarded to AS
12/06/2012	Application Incomplete Letter Sent
12/10/2012	Inspection Completed-Environmental Health : B We received the report on 12/18/2012. The inspection was completed on 12/10/2012.
12/20/2012	Contact - Document Sent Sent Environmental letter requesting an acceptable plan of correction for the "B" rating on the environmental report dated 12/10/2012.
01/04/2013	Inspection Completed-Environmental. Health : A
03/12/2013	Inspection Completed On-site
03/12/2013	Contact - Document Received I received a signed letter/affidavit from Scott Graves, Licensee Designee of Northview Care Corp. The document stated in part: "That the boiler/mechanical rooms at each of the above locations were originally installed with and currently have a minimum of 5/8" width drywall installed on the ceilings and walls and both rooms are fire rated or a minimum of 1 hour."
05/20/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This one story, stand alone, 20 resident bed facility was built specifically as an adult foster care home. It is a wood framed structure on a cement slab, located in a residential area on the north side of the city of Grand Rapids. This home is located near two other licensed facilities owned by the same corporation. The home is a very large structure with a center island. On either side of the island is dining area and activity area. The (20) twenty individual resident bedrooms are located on the two outside perimeter walls. There are (10) ten resident bedrooms on the west wall and (10) resident bedrooms on the east wall. Each bedroom contains a half bathroom. The home contains a full kitchen, two large and two small storage rooms, a staff break room, an office, a beauty salon, a laundry room, a bath (tub) room, a shower room, and two small bathrooms. The home is handicap accessible. There are two patios off each end of the home. The home contains a front door that is not locked. There is a hallway from the main door that leads into the main area of the home. At this juncture there is a half locked door that has a 15 second delay lock. The home has two exits, containing non-locking-against egress doors, at either end of the facility which leads into the rear of the home, which contains perimeter chain link fencing for a large lawn "track like" area. There are two gates that exit off the back yard which contain padlocks. The two exit doors are alarmed that go off when a resident exits the home and this allows the staff to know that a resident is outside. The staff are required to type in a four digit code and to silence the alarm and then they are required to reset the alarm. The locked perimeter fencing is intended to provide safety and welfare for the AFC residents.

On April 4, 2013, the department granted a variance to R400.15304(1)(b) Resident rights; licensee responsibilities related to the resident's freedom of movement. This permits the backyard perimeter fence to be locked against egress with facility staff and local emergency personnel (Plainfield Fire Department) having a key to have access, or to evacuate residents in an emergency. The residents exit out the end doors for their fire drills and residents are able to get a large distance from the building.

The home was licensed by Northview Care Corporation. The home was called Northview Manor Special Care, license # AL410007164, and it was licensed on 04/29/1992.

The boiler and hot water heater are located on the main floor, in a mechanical room, that is constructed of materials that provide a 1 hour-fire-resistance with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware, in a fully stopped frame. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout and there are heat detectors located in the attic of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 9" x 14' 1"	165.44	1
2	11' 9" x 14' 1"	165.44	1
3	13' 5" x 11' 9"	157.69	1
4	13' 10" x 11' 9"	162.50	1
5	13' 10" x 11' 10"	163.61	1
6	13' 11" x 11' 8"	162.31	1
7	13' 10" x 11' 9"	162.50	1
8	13' 5" x 11' 9"	157.69	1
9	14' 3" x 11' 9"	167.44	1
10	13' 10" x 11' 9"	162.50	1
11	14' 2" x 11' 9"	166.50	1
12	13' 9" x 11' 9"	161.56	1
13	13' 10" x 11' 10"	163.61	1
14	13' 10" x 11' 9"	162.50	1
15	13' 10" x 11' 9"	162.50	1
16	13' 10" x 11' 9"	162.50	1
17	13' 10" x 11' 9"	162.50	1
18	13' 10" x 11' 9"	162.50	1
19	13' 10" x 11' 9"	162.50	1
20	13' 10" x 11' 9"	162.50	1

The dining room, the terrace and the activity room areas measure a total of 2,070 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 twenty (20) 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 twenty (20) male or female ambulatory or wheelchair adults whose diagnosis is developmentally disabled, mentally impaired, aged or physically handicapped 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 the Department of Human Services related to the Medicaid Waiver Program, which includes

the organizations of Area Agency on Aging, Health and Human Services, and Care Resources, as a referral source. They also accept private pay residents.

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 work with the residents and responsible persons to assure the availability of 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 Vista Springs Northview Operations, L.L.C., which is a “Domestic Limited Liability Company”, and was established in Michigan, on 08/17/2012. 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 Vista Springs Northview Operations, L.L.C. have submitted documentation appointing Lou Andriotti as Licensee Designee for this facility and Joanne Elenbaas, as the Administrator of the facility.

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

The licensee designee and administrator have 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 20 bed facility is adequate and includes a minimum of 2 staff -to- 20 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) 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 residents' 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.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 20).

Arlene B. Smith

09/16/2013

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

09/16/2013

Jerry Hendrick
Area Manager

Date