



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

December 26, 2014

Lori Ambler  
Countryside Senior Homes, LLC  
17332 11 Mile Rd.  
Battle Creek, MI 49014

RE: Application #: AS130364488  
Countryside Adult Foster Care  
17332 11 Mile Rd.  
Battle Creek, MI 49014

Dear Mrs Ambler:

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.

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>	AS130364488
<b>Applicant Name:</b>	Countryside Senior Homes, LLC
<b>Applicant Address:</b>	17332 11 Mile Rd. Battle Creek, MI 49014
<b>Applicant Telephone #:</b>	(269) 986-6844
<b>Administrator/Licensee Designee:</b>	Lori Ambler, Designee
<b>Name of Facility:</b>	Countryside Adult Foster Care
<b>Facility Address:</b>	17332 11 Mile Rd. Battle Creek, MI 49014
<b>Facility Telephone #:</b>	(269) 986-6844
<b>Application Date:</b>	08/06/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED

## II. METHODOLOGY

08/06/2014	Enrollment
08/12/2014	Contact - Document Sent Rule & ACT Books
08/12/2014	Application Incomplete Letter Sent Page 1 of application sent back for completion and 1326 for Dale Augustine (live-in staff)
08/12/2014	Inspection Report Requested - Health 1023348
08/22/2014	Contact - Document Received Completed Application and written verification that Dale Augustine no longer resides in the AFC home.
08/25/2014	Application Complete/On-site Needed
08/25/2014	File Transferred To Field Office Kalamazoo
09/05/2014	Application Incomplete Letter Sent
10/08/2014	Inspection Completed-Environmental Health : A
12/16/2014	Inspection Completed On-site
12/16/2014	Contact - Document Received floor plan
12/18/2014	Contact - Document Received Furnace and smoke detector inspections via email.
12/23/2014	Contact - Document Received Proof of ownership

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

On file is proof of property ownership and permission from owners for Applicant Countryside Senior Homes, LLC to occupy as an adult foster care home, and for BCAL to conduct necessary inspections.

This is a one-story ranch house with walk-out finished basement. It has a detached garage. Residents will occupy the 1<sup>st</sup> floor only that includes 5 resident bedrooms, 3 full bathrooms, living room, dining room, kitchen, and laundry room. The home is not wheelchair accessible.

The home has a private well and sewer system that were inspected and approved by the Calhoun County Health Department (report on file). An on-site inspection verified this home is in substantial compliance with rules pertaining to Environmental Health.

An on-site inspection verified the home is in substantial compliance with rules pertaining to Fire Safety. The basement has a gas-fired furnace and gas water heater, and on file is verification they were both recently inspected and approved by a licensed heating contractor. Floor separation includes an approved self-closing fire door located at the top of the stairs leading to basement. The home has an approved interconnected hard-wired smoke detection system that was inspected and approved by a qualified service.

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' by 15'	195	2
2	13' by 11'	143	1
3	11' by 10'	110	1
4	14' by 14'10"	208	1
5	14'10" by 11'3"	167	1

The living, dining, and sitting room areas measure a total of 650 square feet of living space. This complies with the 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. The applicant is approved to provide care to the following populations: Aged, Alzheimer, Developmentally Disabled, Mentally Ill, and Physically Handicapped. On file is a copy of the applicant's description of their Alzheimer's program, which is required by House Bill 5761.

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**

The applicant is Countryside Senior Homes, L.L.C., which is a "Domestic Limited Liability Company", established in Michigan, on 12/17/2013. 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 sole member of Countryside Senior Homes, L.L.C. is Lori Ambler. Ms. Ambler submitted documentation appointed herself as Licensee Designee for the corporation and Administrator of the facility.

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

Lori Ambler provided documentation that verifies she has the qualifications and training requirements identified in the administrative group home rules. Ms. Ambler has extensive experience operating adult foster care homes.

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 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](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 six-month temporary license to this adult foster care small group home (capacity 1-6).



12/26/2014

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Kenneth Tindall  
Licensing Consultant

Date

Approved By:



12/26/2014

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Leon M. Hale  
Area Manager

Date