



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER  
DIRECTOR

May 8, 2015

Paul Wyman  
Retirement Living Management of Fremont LLC  
1845 Birmingham SE  
Lowell, MI 49331

RE: Application #: AL620366250  
Green Acres of Fremont  
801 E. Main Street  
Fremont, MI 49412

Dear Mr. Wyman:

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 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,

A handwritten signature in black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa, NW  
Grand Rapids, MI 49503  
(616) 644-9526

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AL620366250

**Applicant Name:** Retirement Living Management of Fremont LLC

**Applicant Address:** 1845 Birmingham S. E.  
Lowell, MI 49331

**Applicant Telephone #:** (616) 897-8000

**Administrator/Licensee Designee:** Paul Wyman

**Name of Facility:** Green Acres of Fremont

**Facility Address:** 801 E. Main Street  
Fremont, MI 49412

**Facility Telephone #:** (616) 897-8000

**Application Date:** 09/16/2014

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

09/16/2014	Enrollment
09/22/2014	Inspection Report Requested - Health
09/22/2014	Inspection Report Requested - Fire
09/22/2014	Contact - Document Sent Fire Safety String
09/22/2014	Contact - Document Sent Rules & Act booklets
09/22/2014	Lic. Unit file referred for criminal history review Paul W. - RS
09/22/2014	Inspection Report Requested - Fire
10/02/2014	Application Incomplete Letter Sent
04/14/2015	Inspection Completed-Fire Safety : A
05/01/2015	Inspection Completed-Env. Health : A
05/01/2015	Application Complete/On-site Needed
05/07/2015	Inspection Completed On-site
05/07/2015	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Green Acres of Fremont is located at 801 E. Main Street, Fremont, Michigan 49412, which is in Newaygo County. Green Acres of Fremont is a large single-story facility with a brick façade and sits on several acres of rolling hills and flat land. It has 20 private bedrooms, a dining area, a dining/activity area, an activity room, beauty/barber shop, an industrial kitchen, laundry room, nurses' station, administrator's office, and a full bath bathing room that is in addition to the full bath in every bedroom. Also, each bedroom has a living room and kitchenette area that has a small refrigerator, microwave, and sink. The entire facility is wheelchair accessible.

Green Acres of Fremont is owned by Maas Fremont, LLC, which also owns Retirement Living Management of Fremont, the company that operates this large adult foster care (AFC) group home.

The building is on a slab and the furnace and hot water heater room is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with inter-connected, hardwire smoke detection system, with battery back-up, as well as a sprinkler system which were installed by licensed professionals. There are at least four operable A-B-C fire extinguishers attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places. Medications will be kept in a lockable medication cart, which will be stored in the nurses' station.

The Fire Marshall gave this facility full approval on 04/14/2015.

The sanitarian from the Newaygo County Health Department inspected this facility on 05/01/2015 and gave it an "A" rating.

The City of Fremont has granted zoning approval for this facility to operate as a large adult foster care group home. The City's letter granting approval is dated 09/16/2014.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'8"X8'6"	90	1
2	10'8"X8'6"	90	1
3	10'8"X8'6"	90	1
4	10'8"X8'6"	90	1
5	10'8"X8'6"	90	1
6	10'8"X8'6"	90	1
7	10'8"X10'	106	1
8	10'8"X10'	106	1
9	10'8"X10'	106	1

10	10'8"X10'	106	1
11	8'11"X10'10"	96	1
12	10'8"X8'6"	90	1
13	10'8"X8'6"	90	1
14	10'8"X8'6"	90	1
15	10'8"X8'6"	90	1
16	10'8"X8'6"	90	1
17	10'8"X8'6"	90	1
18	10'8"X8'6"	91	1
19	10'8"X8'6"	91	1
20	10'8"X8'6"	91	1

**Total Capacity: 20**

The living room, dining/activity room, and dining room areas, and the living room areas of each room measure to approximately 3100 square feet, which far exceeds the 35 square feet of living space per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid. The stove is equipped with a fire suppression system.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good. A variance request was approved for this facility to allow residents to bring their own bedroom furnishings, provided they meet the Adult Foster Care licensing rules; otherwise, Green Acres of Fremont will provide all the required bedroom furnishings.

## **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 **twelve (20)** male and/or female adults aged 55 years and older, who may be diagnosed with Alzheimer's, in the least restrictive environment possible. An acceptable Alzheimer's statement has been submitted. The home is fitted with approved wheelchair ramps and has 36-inch door widths to accommodate wheelchair accessibility throughout the home. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Green Acres of Fremont will provide transportation to residents for doctor and dental visits for an additional charge. The vehicles used for transportation are in good working order and contain first aid kits. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there. Green Acres does have access to company vans available for outings and first aid kits are kept in them.

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

Paul Wyman is the Licensee Designee and Administrator for this facility. Medical and Record Clearance requests were completed with no restrictions noted on either. His TB-tine results were negative.

Mr. Wyman has also 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 twenty-bed facility is 3-staff- to-20 residents for 1<sup>st</sup> and 2<sup>nd</sup> shifts, and 2-staff- to-20 residents for 3<sup>rd</sup> shift.

The applicant acknowledges an understanding of the training and qualification 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)), Identogo, 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 can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to

maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 adult foster care large group home (capacity 20).



May 7, 2015

---

Licensing Consultant

Date

Approved By:



May 8, 2015

---

Area Manager

Date