



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 20, 2016

Darryl Sturdevant  
Select Residential Solutions, LLC  
PO Box 302  
Marshall, MI 49068

RE: Application #: AS130377549  
Sunset AFC  
104 West Sunset Boulevard  
Battle Creek, MI 49017

Dear Mr. Sturdevant:

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 4 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 (269) 337-5066.

Sincerely,

A handwritten signature in blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 251-9037

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS130377549

**Licensee Name:** Select Residential Solutions, LLC

**Licensee Address:** 1100 Highland Blvd, W  
Battle Creek, MI 49015

**Licensee Telephone #:** (269) 579-3629

**Licensee Designee:** Darryl Sturdevant

**Administrator:** Luella Ryan

**Name of Facility:** Sunset AFC

**Facility Address:** 104 West Sunset Boulevard  
Battle Creek, MI 49017

**Facility Telephone #:** (269) 579-3629

**Application Date:** 05/05/2015

**Capacity:** 4

**Program Type:** MENTALLY ILL

## II. METHODOLOGY

05/05/2015	On-Line Enrollment
05/07/2015	Inspection Report Requested – Health 1024280
05/07/2015	Contact - Document Sent Rule & ACT Books
01/20/2016	Contact- Email sent to applicant
01/20/2016	Contact - Telephone call received from applicant
01/21/2016	Contact - Document Received 1326's for Darryl Sturdevant & Luella Ryan. Verification of duplicate \$105 payment made - Refund was submitted.
01/21/2016	File Transferred To Field Office Lansing
02/02/2016	Application Incomplete Letter Sent
03/03/2016	Second Application Incomplete Letter Sent
05/06/2016	Inspection Completed-BCAL Sub. Compliance
06/01/2016	Second Inspection Completed-BCAL Full Compliance- waiting for verification of C rating for interior finishes and materials.
06/13/2016	Verification of C rating for interior finishes and materials received.  Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The applicant is Select Residential Solutions, an LLC owned by Darryl Sturdevant. The property is owned by Darryl Sturdevant and his wife Lori Sturdevant. Proof of ownership of the property is on file. This single story ranch style house includes a walk-out basement, a two car garage, kitchen, dining room, living room, finished basement, two bathrooms, four private bedrooms, a three seasons covered porch and a large deck. The home is not wheelchair accessible.

On file is verification that the private sewage disposal system was inspected and approved by the Calhoun County Health Department. My on-site inspections verified

that this home is in substantial compliance with all other rules pertaining to environmental health and sanitation.

The home has a gas-fired furnace and water heater that is located in the finished basement. On file at the home is verification that the flame-producing equipment was recently inspected and found to be in safe working order. The furnace and water heater is located on the same level as one resident bedroom and therefore is located in an enclosed heating plant room that is constructed of material which has a 1-hour-fire resistance rating. The heating plant room has an approved fire door with an automatic self-closing device and positive-latching hardware. The finished basement has two approved means of egress, one of which leads directly to the outside. The home has an interconnected, hardwired smoke detection system that was inspected and approved by a qualified service (on file in the home). There is wood paneling located in the home's dining room, kitchen, finished basement and three seasons covered porch. The applicant provided verification from the manufacturer that the paneling used in the kitchen, dining room and three seasons porch is Ply-Bead real wood paneling and has a fire code classification of C. The applicant provided verification from Pennfeild Township building inspector Kim Tuck that the paneling used in the finished basement is Ponderosa Pine and has a fire code classification of C. The applicant provided verification from the manufacturer that the ceiling tiles used in the finished basement and three seasons covered porch have a fire code classification of A. On file is a statement from the applicant that the fireplace in the home has been disabled and will not be in use while the facility is operating as an adult foster care home. My on-site inspections verified that this home is in substantial compliance with all other rules pertaining to fire safety.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' by 13'	130	1
2	10' by 11'	110	1
3	9' by 12'	108	1
4	9' by 12'	108	1

The living room, dining room, upstairs' sitting room area and finished basement sitting room area measure a total of 373 square feet 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 **four (4)** 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 **four (4)** ambulatory adults who have a mental health diagnosis in the least restrictive environment possible. Select Residential, LLC plans to contract with community mental health agencies from around the state and also plans to work collaboratively with Case Management of Michigan, an agency that provides case management to individuals diagnosed with a mental illness.

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.

Transportation services will be specified in the resident care agreements. Emergency medical transportation is available by calling 911. 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 libraries, local museums, shopping centers, and local parks.

The home's program statement indicates that the home's goal is to help individuals diagnosed with a mental illness to live safely and comfortably in the community. The home will provide services that encourage residents to build upon life skills by participating alongside the home's staff in routine residential activities such as cooking, cleaning, grocery shopping and menu planning. The home will offer a voluntary token economy program that encourages residents to earn rewards by completing routine activities of daily living and achieving individual goals. The home's program statement indicates that the home will provide in-home and community-based recreation services for individuals with mental illnesses.

## **C. Applicant and Administrative Qualifications**

Select Residential Solutions, LLC is a Domestic Limited Liability Company established in Michigan on 12/18/2002. The applicant submitted financial information on its application, a financial statement, and an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care home.

The licensee designee for Select Residential Solutions, LLC is Darryl Sturdevant. The applicant submitted documentation appointing Luella Ryan as administrator of the home. A criminal history background check of Mr. Sturdevant and Ms. Ryan did not reveal any disqualifying convictions. The applicant also submitted statements from a physician documenting that both Mr. Sturdevant and Ms. Ryan are in good health and have current TB-tine negative results. The applicant provided documentation to satisfy

the qualifications and training requirements identified in the administrative group home rules for both Mr. Sturdevant and Ms. Ryan.

The staffing pattern for the original license of this four- bed facility was reviewed and is adequate. 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.

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

#### **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 six-month temporary license to this adult foster care small group home (**capacity 4**).

*Michele Streeter*

06/13/2016

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Michele Streeter  
Licensing Consultant

Date

Approved By:

*Betsy Montgomery*

6/20/16

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Betsy Montgomery  
Area Manager

Date