



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 21, 2017

Porter Hills Presbyterian Village, Inc.
4450 Cascade SE Suite200
Grand Rapids, MI 49546-8330

RE: Application #: AL410384908
Meadowlark Retirement Village A
65 Ida Red
Sparta, MI 49345

Dear Porter Hills Presbyterian Village, Inc.:

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 cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 295-3777

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL410384908

Applicant Name: Porter Hills Presbyterian Village, Inc.

Applicant Address: 4450 Cascade SE Suite200
Grand Rapids, MI 49546-8330

Applicant Telephone #: (616) 949-4975

Administrator/Licensee Designee: Kelly Snider/Nicole Maag

Name of Facility: Meadowlark Retirement Village A

Facility Address: 65 Ida Red
Sparta, MI 49345

Facility Telephone #: (616) 887-8891

Application Date: 09/20/2016

Capacity: 19

Program Type: AGED

II. METHODOLOGY

09/20/2016	Enrollment
09/20/2016	Inspection Report Requested - Fire
09/20/2016	Contact - Document Sent Fire Safety String and Rule/ACT Books
09/20/2016	File Transferred To Field Office Grand Rapids
09/26/2016	Comment File rcvd in GR
10/04/2016	Application Incomplete Letter Sent
10/20/2016	Contact - Document Received Received proof of ownership and zoning approval
10/25/2016	Contact - Telephone call made Telephone call made to Administrator Kelly Snider to schedule an on-site inspection. She was unavailable. Left a message.
10/27/2016	Application Complete/On-site Needed
11/22/2016	Contact - Face to Face Spoke with Administrator Kelly Snider and Project Manager Brion Boucher. They reported the home is awaiting fire safety approval. They stated they will contact me when the home is ready for the licensing inspection.
11/22/2016	Application Incomplete Letter Sent A letter was not sent; however, the facility is not ready for an inspection. Still completing tasks for fire safety.
01/26/2017	Inspection Completed-Fire Safety : A
02/10/2017	Inspection Completed On-site
02/10/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The structure of this facility involves an AFC program fitting within a larger building which is also used as a care facility for the aged. The AFC program accounts for one wing (see building floor plan included in the Department file) but is staffed and managed as a separate program. The one-story building is located in the Village of Sparta. The facility consists of 10 resident bedrooms (each with a full bathroom and a kitchenette attached), kitchen, dining room, living room, laundry area, and a spa. This facility is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor. This facility utilizes a public water and sewage system.

The boiler and hot water heater are located on the main floor in a room in an adjacent licensed adult foster care program. The room 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.) 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 the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	18'7X10'1"+ 9'9"X10'9"	292.10	2
2	18'7X10'1"+ 9'9"X10'9"	292.10	2
3	18'7X10'1"+ 9'9"X10'9"	292.10	2
4	18'7X10'1"+ 9'9"X10'9"	292.10	2
5	18'7X10'1"+ 9'9"X10'9"	292.10	2
6	18'7X10'1"+ 9'9"X10'9"	292.10	2
7	18'7X10'1"+ 9'9"X10'9"	292.10	2
8	18'7X10'1"+ 9'9"X10'9"	292.10	2
9	18'7X10'1"+ 9'9"X10'9"	292.10	2
10	18'7X10'1"+ 9'9"X10'9"	292.10	2

The living, dining, and sitting room areas measure a total of 681.25 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 **19** 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 whose diagnosis is developmentally disabled or mentally impaired, 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 private pay individuals as a referral source.

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 provide all 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 Porter Hills Presbyterian Village, Inc., which is a "Non Profit Corporation" was established in Michigan, on 04/16/1964. 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 Board of Directors of Porter Hills Presbyterian Village, Inc. have submitted documentation appointing Nicole Maag as Licensee Designee for this facility and Kelly Snider 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 19 bed facility is adequate and includes a minimum of 2 staff -to- 10 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 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.

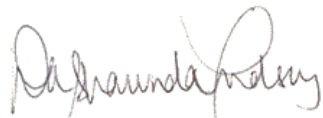
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home.



02/21/2017

DaShawnda Lindsey
Licensing Consultant

Date

Approved By:



02/21/2017

Jerry Hendrick
Area Manager

Date

