



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 20, 2017

Paul Wyman
Retirement Living Management of Cedar Springs, LLC
1845 Birmingham
Lowell, MI 49331

RE: Application #: AM410384427
Green Acres of Cedar Springs II
426 Main Street
Cedar Springs, MI 49319

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 12 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 that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM410384427

Applicant Name: Retirement Living Management of Cedar Springs, LLC

Applicant Address: 1845 Birmingham
Lowell, MI 49331

Applicant Telephone #: (616) 897-8000

Administrator/Licensee Designee: Paul Wyman, Designee
Melissa Collins, Administrator

Name of Facility: Green Acres of Cedar Springs II

Facility Address: 426 Main Street
Cedar Springs, MI 49319

Facility Telephone #: (616) 439-3214

Application Date: 08/12/2016

Capacity: 12

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

08/12/2016	Enrollment
08/18/2016	Inspection Report Requested - Fire
08/18/2016	Contact - Document Sent Fire Safety String and Rules/ACT books
08/18/2016	Application Incomplete Letter Sent Page 3 of app and 1326 for Paul Wyman sent back for signature.
08/18/2016	Lic. Unit file referred for background check review Red Screen - AL340260454
09/02/2016	Contact - Document Received Completed Application and 1326 for Paul Wyman
09/06/2016	File Transferred To Field Office Grand Rapids
11/02/2016	Comment This case was transferred from Licensing Consultant from Rebecca Piccard to Licensing Consultant Arlene B. Smith on this date 11/02/2016.
03/13/2017	Contact-Document Received Request for variance for bedroom furnishings.
03/14/2017	Inspection completed Fire Safety A. RE: New 12 Unit Memory Care Facility. A final fire safety inspection was completed and may be considered as final approval of this project (#153862). Preliminary inspections were completed on 09/20/2016 and 11/14/2016.
05/30/2017	Contact - Document Received Received an email from Cori Boersma, Administration for Retirement Living Management with attachments: (1) A Zoning letter from the City Manager's office of the City of Cedar Springs with the name of Barb VanDuren, Interim City Manager, but the letter was not signed. (2) Medical Clearance Request BCAL-3704 on the Licensee Designee, Paul Jason Wyman with no TB results. (3) AFC/HFA Licensing Record Clearance Request, State of Michigan, Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, BCAL-1326A for Melissa Collins, Administrator.
05/30/2017	Contact - Document Received

	Email from Cori Boersma indicating she had contacted Ann Despotovic in Lansing and she had received a different 1326-A Record Clearance form and she would have Ms. Collins complete the form.
05/30/2017	Contact - Document Received Email received from Cori Boersma. She stated that the original zoning letter from the City of Cedar Springs did not include both of the licenses numbers.
05/30/2017	Contact - Document Received Email from Cori Boersma and she wrote that she had attached a completed record clearance for Melissa Collins their Administrator of Cedar Springs. The form was BCAL-1326-NFP (Rev. 2-17) (Previous edition cannot be used)
05/31/2017	Contact - Document Received Email received from Cori Boersma with the attached Green Acres letter affirming zoning. It was from the City Manager's office and it stated that the letter was to serve as confirmation that 420 & 426 South Main St. Cedar Springs MI 49319 is properly zoned B-1, Neighborhood Business, which allows Adult Foster Care Facilities as a Special Land Use. That the Special Land Use was approved by the City Planning Commission in March of 2016.
05/31/2017	Contact - Document Sent I sent an email to Cori Boersma requesting a current physical and TB results on the Licensee Designee, Paul Wyman.
06/01/2017	Inspection Completed On-site Received a copy of the "Building Permit-Certificate of Occupancy" "Department Approval for Certificate of Occupancy and Compliance." Approved by Doug Hopkins, 03/15/2017, Plumbing, Electrical, and two Mechanicals.
06/01/2017	Contact - Face to Face I requested the letter from the owner for the inspection be corrected as related to the Cedar Springs facility.
06/01/2017	Contact - Document Received Email received from Cori Boersma with the letter attached for the authorization letter to inspect the property but the letter was unsigned.
06/06/2017	Contact - Document Received Email received from Cori Boersma with attachments: Medical

	Clearance Request for Paul Jason Wyman, Licensee Designee, dated 06/06/2017, Tuberculin Skin Test dated 08/08/2016, negative.
06/08/2017	Contact - Document Received Email from Cori Boersma. She attached Melissa Collins two signed Record Clearances one BCAL-1326- and the Record Clearance Request Form BCal-1326ANFP.
06/15/2017	Contact - Document Sent I sent Cori Boersma an email requesting the Lease Agreement for the facility.
06/16/2017	Contact – Document Received Received the Real Estate Lease for the facility.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is considered a 12 Unit Memory Care Facility. The facility is of a new ranch style construction and beautifully decorated. It sits on a cement pad, and consists of one floor, which is handicapped accessible located in the city of Cedar Springs. The home does not have a basement or a second floor. All 12 rooms are private bedrooms, with attached bathrooms. Room Number 201 and 205 are considered as deluxe barrier free studio rooms. This facility has a large entry way, a full kitchen with a pantry, a dining room, a meeting room, three offices, a living/ activity room, a nurse’s station, a storage room, a laundry room, a large bathing room, a ½ bathroom, a break room, a service corridor and an enclosed mechanical room. There are two attached porches. The home has two approved means of egress. The home will utilize public water and public sewage.

This facility is connected to Green Acres of Cedar Springs, License # AL410384428.

The boiler and hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1 and 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 an approved pull station alarm system and a sprinkled 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
# 201-	23' 1" x 11' 9" plus	330.55	1

Deluxe barrier free Studio	7' 5" x 8'		
# 202 Studio	19' x 8' 7" plus 12' x 10' 7"	289.98	1
# 203 Studio	19' x 8' 7" plus 12' x 10' 7"	289.98	1
# 204 Studio	19' x 8' 7" plus 12' x 10' 7"	289.98	1
# 205 Deluxe barrier free Studio	23' 1" x 11' 9" plus 7' 5" x 8'	330.55	1
# 206 Studio	19' x 8' 7" plus 12' x 10' 7"	289.98	1
# 207 Studio	19' x 8' 7" plus 12' x 10' 7"	289.98	1
# 208 Studio	19' x 8' 7" plus 12' x 10' 7"	289.98	1
# 209 Studio	19' x 8' 7" plus 12' x 10' 7"	289.98	1
# 210 Studio	19' x 8' 7" plus 12' x 10' 7"	289.98	1
# 211 Studio	19' x 8' 7" plus 12' x 10' 7"	289.98	1
# 212 Studio	19' x 8' 7" plus 12' x 10' 7"	289.98	1

The dining, meeting and activity rooms measured a total of 1,918,61 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 twelve (12) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Retirement Living Management of Cedar Springs, L.L.C., submitted a document entitled "Services for Alzheimer's Disease & Dementia", which addresses the requirements of ACT No. 218 Of The Public Acts Of 1979 As Amended.

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 (12) males or females who may use a wheelchair or be dependent on the use of a wheelchair. The resident's diagnosis may be aged, or with Alzheimer's disease and

Dementia, 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 residents but they will consider residents from Community Mental Health agencies or the local County-DHHS. They will consider the residents that are a part of the Medicaid Waiver Program.

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 assist in arranging 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 Retirement Living Management of Cedar Springs, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 06/10/2016, and is a "For Profit Corporation." 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 Retirement Living Management of Cedar Springs, L.L. C., have submitted documentation appointing Paul Wyman Licensee Designee for this facility and Melissa Collins as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee (Paul Wyman) and the administrator, (Melissa Collins). 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 12 bed facility is adequate and includes a minimum of 1 staff –to- 12 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.

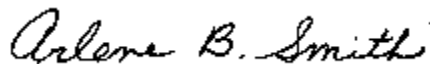
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 medium group home (capacity 12).



06/15/2017

Arlene B. Smith
Licensing Consultant

Date

Approved By:



06/20/2017

Jerry Hendrick
Area Manager

Date

