



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 5, 2017

Lori Costanza  
4768 River Rd  
Sodus, MI 49126

RE: Application #: AS110382705  
**Stately Living**  
**2824 S. State St**  
**St Joseph, MI 49085**

Dear Mrs. Costanza:

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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Karen Hodge".

Karen Hodge, Licensing Consultant  
Bureau of Community and Health Systems  
401 Eighth Street  
P.O. Box 1407  
Benton Harbor, MI 49023  
(269) 363-1742

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS110382705
<b>Licensee Name:</b>	Lori Costanza
<b>Licensee Address:</b>	4768 River Rd Sodus, MI 49126
<b>Licensee Telephone #:</b>	(269) 757-1504
<b>Administrator:</b>	Lori Costanza
<b>Name of Facility:</b>	Stately Living
<b>Facility Address:</b>	2824 S. State St St Joseph, MI 49085
<b>Facility Telephone #:</b>	(269) 983-0300
<b>Application Date:</b>	05/11/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

05/11/2016	On-Line Enrollment
05/12/2016	Contact - Document Sent Rules & Act booklets
05/12/2016	Application Incomplete Letter Sent Rec cl, FP's & Livescan form for Lori
01/10/2017	Comment FP's for Lori
01/11/2017	Contact - Document Received Rec cl, Livescan Request for Lori
03/03/2017	Application Incomplete Letter Sent
04/25/2017	Application Complete/On-site Needed
04/26/2017	Inspection Completed/BCAL Full Compliance
05/05/2017	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Stately Living is located at 2824 S. State Street, St Joseph, Michigan. It is in a residential area within the city limits with businesses within close proximity. The home has 3 spacious bedrooms each with full baths and an additional extra-large suite with a full bath, walk in closet and kitchenette. The home has a half-bath off of the dining room for staff, guests, or resident use. There is an additional large ADA shared full bathroom with roll-in shower for assisted showering. The home has a full-size, fully-equipped kitchen, spacious dining room, living room, small sitting/quiet room, reception area, laundry room and an unfinished basement for storage. There is a 17-car parking lot to allow for staff and guests to park. There is a small outdoor courtyard that is enclosed. The home has a brick exterior and is of wood-frame construction. There are no stairs on the main level. There is a wheelchair accessible ramp outside the main entrance as well as the dining room entrance. The home has municipal water, sewer, and garbage service.

There is a gas furnace and water heater which are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The home has a second electric on-demand water heater. The facility is equipped with interconnected, hardwired smoke detection system,

with battery back-up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'9" x 22'8"	311	2
2	12'6" x 12'10"	160	1
3	13'3" x 15'4"	203	1
4	10'7" x 13'6"	143	1
5	14'1" x 15'11"	224	1

The living, dining, and sitting room areas exceeds the minimum of 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**

The home is intended to serve the aged individuals 60 years of age or older that have either physical or cognitive limitations that prevent them from living independently in their own home. Residents must be able to complete daily living tasks with the assistance of one staff member. Residents must be able to transfer with the assistance of one staff person. Individuals who are an extreme elopement risk may be excluded. The overall goal of the home is to provide care and services to the residents that will maintain and improve the residents' highest level of independence both physically and intellectually while aiding in areas where they require assistance and/or supervision. This will be accomplished by a structured yet flexible home environment. Residents will have individualized care plans with realistic goals for self-care and assisted care. The home provides for small group living and will encourage socialization and interaction with other residents of the home. The facility staff members will encourage integration of the community whenever possible to maximize the enjoyment of living. Examples include religious events, shopping trips, cultural and holiday community outings, in-home arts, crafts, games, puzzles, movies, etc.

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 aged, physically handicapped, or with traumatic brain injury. The applicant intends to accept private-pay residents from a variety of sources.

The licensee will provide transportation for medical appointments on a fee-for-service basis. The home is located in an area within walking distance to a number of retail and other businesses and restaurants. The home also is served by local public transportation.

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from outside employment.

A background check was conducted and determined that Mrs. Costanza, the applicant/licensee/administrator, is of good moral character and eligible for employment in a licensed adult foster care facility. Mrs. Costanza submitted a statement(s) from a physician documenting her good health and current TB-tine negative results. She has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Mrs. Costanza, is a registered nurse and completed her nursing degree in 2001 and has worked in a variety of nursing capacities since that time including in the emergency room. She has owned and operated her own private duty nursing company since 2009, where she and her staff have provided in-home care to over 300 clients who are elderly, physically handicapped and persons with traumatic brain injury, up to and including 24-hour care. She has been a certified CPR and First Aid instructor since 2013.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six 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, 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.

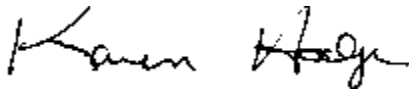
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

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

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 6).




05/05/2017

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Karen Hodge  
Licensing Consultant

Date

Approved By:



05/05/2017

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Dawn N. Timm  
Area Manager

Date