



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

March 15, 2018

Lynn Geresy  
Affinity Health Management LLC  
PO Box 438  
Oshtemo, MI 49071

RE: Application #: AS800382668  
**Affinity - Meadowbrook**  
**430 Bangor Road**  
**Lawrence, MI 49064**

Dear Mr. Geresy:

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 "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS800382668
<b>Licensee Name:</b>	Affinity Health Management LLC
<b>Licensee Address:</b>	48288 22nd St Mattawan, MI 49071
<b>Licensee Telephone #:</b>	(269) 544-1292
<b>Administrator/Licensee Designee:</b>	Lynn Eric Geresy
<b>Name of Facility:</b>	Affinity - Meadowbrook
<b>Facility Address:</b>	430 Bangor Road Lawrence, MI 49064
<b>Facility Telephone #:</b>	(269) 207-6268
<b>Application Date:</b>	05/09/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

05/09/2016	On-Line Enrollment
05/10/2016	Contact - Document Sent Rules & Act booklets
05/10/2016	Application Incomplete Letter Sent Rec cl for Lynn & Admin
05/19/2016	Contact - Document Received Rec cl for Lynn (LD & Admin)
06/06/2016	Application Incomplete Letter Sent
02/16/2017	Contact - Document Received lease agreement via email
09/07/2017	Application Incomplete Letter Sent Sent an email to licensee containing application incomplete letter.
11/29/2017	Contact - Document Received Received via email floor plan of facility, room layout/dimensions, and evacuation route
12/04/2017	Contact - Document Sent Scheduled onsite via email.
12/15/2017	Inspection Completed On-site
12/15/2017	Inspection Completed – Full Compliance
01/02/2018	Contact - Document Received Received background/knowledge of AFC for licensee
02/12/2018	Contact – Document Received Received licensee designee's resume and verification of training.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Affinity-Meadowbrook is a one-story ranch style home on a concrete slab located within Lawrence village limits, but it can still be considered a rural setting. Upon entering the home, there is a “game room” area that is enclosed where residents can spend private time with family and friends. Beyond the game room is the living room and dining room, which is an open concept. The kitchen is to the left of the dining room. The home

consists of four resident bedrooms, which are all grouped together on the main floor on the east side of the home. There are two full sized resident bathrooms, across the hallway from each other, located in between the resident bedrooms. The home is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor. The home utilizes both public water and sewage system.

The gas furnace 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 1-3/4 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 backup, 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	14' 8.5" x 10' 11"	160.5	1 or 2
2	14' 8.5" x 10' 9"	158	1 or 2
3	14' 8.5" x 10' 11"	160.5	1 or 2
4	14' 8.5" x 10' 11"	160.5	1 or 2

The facility has 4 bedrooms, which could be utilized as private or semi-private rooms (1-2 beds each). Given the capacity of the facility is **six (6)** residents, the facility will let the residents determine which rooms are private or semi-private resident bedrooms.

The living, dining, and sitting room areas measure a total of 585.5 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 **six (6)** 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. Examples of activities the facility will provide to residents are the following: grocery shopping, personal trips to various stores and the mall, weekly dinner and service at a local church on Tuesdays, transportation to Sunday church services, weekly trips to the library, company picnics at the park, fishing trips to local lakes, holiday dinners in the community, attending special events put on by local community

groups (i.e. Pancake Breakfasts by local fire department, holiday parades, celebration's in parks), transportation to resident specific support groups, dinners at local restaurants (at least once a week), lunches after doctor's appointments, special 1 on 1 "no limit" birthday dinners, participation in shopping for Toys for Tots at Christmas Time, Christmas light tours and dinner, and trips to movies theaters. Each resident will have a personal behavior support plan designed and implemented for that resident's social, behavioral, and developmental needs. The applicant intends to accept residents from surrounding county DHHS offices, CMH agencies (i.e. Van Buren County) or private pay individuals as referral sources.

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, as aforementioned.

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

The applicant is Affinity Health Management, LLC, which is a "Domestic Limited Liability Company", which was established in Michigan, on 03/27/2001. 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.

Affinity Meadowbrook will be Affinity Health Management, LLC's third licensed adult foster home. The owners of Affinity Health Management, LLC have for over 20 years developed successful programs to assist individuals with achieving their highest level of independence possible within these homes. These programs include: Life Skills Program, Supported Independence Program, and Health Management Program.

The purpose of their Life Skills Program is to teach their clients the skills necessary to function more independently in everyday life. Through the Life Skills Program, clients increase their personal abilities with some moving out independently or transitioning to their Supported Independence Program while others carry out more of their own activities within the AFC setting.

The Supported Independence Program, established in 2012, is a program that allows the natural progression of learning to continue. The residents who enter this program receive assistance, support, and coaching in situations with real life demands within their own dwelling. The goal of the Supported Independence Program is to give our clients the opportunity to prove to themselves and others that they can maintain an appropriate level of independence with minimal support.

Because maintaining a level of physical and mental health is crucial to remaining independent, Affinity Health developed the Health Management Program (HMP) in the fall of 2015. This program is designed to aid individuals with medical and psychological logistics, organization, and health determination. Affinity Health's HMP team assist clients with scheduling doctor appointments, transportation and accompanying them at those appointments. They maintain a secure offsite medical file for them and their designated support, and perform health reviews. This service allows the individual to live independently with an overall health safety net.

The members of Affinity Health Management, LLC have submitted documentation appointing Lynn Eric Geresy as Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined that Lynn Eric Geresy is of good moral character and eligible for employment in a licensed adult foster care facility. Lynn Eric Geresy submitted a statement from a physician documenting his good health and current TB test showing negative results. The licensee designee/ administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Lynn Eric Geresy has more than 23 years of experience working with the developmentally delayed and mentally impaired population. He began his experience by working as a respite provider for Van Buren Community Mental Health Agency. He then transitioned to co-owner of a 12 bed AFC facility for the mentally ill and developmentally delayed for five years before becoming co-owner, licensee designee and administrator for his current facilities, which he has overseen since 2001. He also is up to date on training relating to the developmentally delayed and mentally ill population, which includes 18 hours of training for 2017.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff -to- 6 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 1 staff -to- 6 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 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.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home capacity 1 - 6.



02/15/2018

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



03/15/2018

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Dawn N. Timm  
Area Manager

Date