



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

March 22, 2018

Malinda Bell  
Grace Guest House  
5200 Whippoorwill Drive  
Kalamazoo, MI 49006

RE: Application #: AS390385647  
**Grace Guest House**  
**5200 Whippoorwill Dr.**  
**Kalamazoo, MI 49009**

Dear Ms. Bell:

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 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**

<b>Application #:</b>	AS390385647
<b>Applicant Name:</b>	Grace Guest House
<b>Applicant Address:</b>	5200 Whippoorwill Drive Kalamazoo, MI 49006
<b>Applicant Telephone #:</b>	(231) 794-8011
<b>Licensee Designee/Administrator:</b>	Malinda Bell
<b>Name of Facility:</b>	Grace Guest House
<b>Facility Address:</b>	5200 Whippoorwill Dr. Kalamazoo, MI 49009
<b>Facility Telephone #:</b>	(231) 794-8011
<b>Application Date:</b>	11/18/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

11/18/2016	Enrollment
11/22/2016	Inspection Report Requested – Health 1026364
11/22/2016	File Transferred To Field Office- Lansing
11/22/2016	Contact - Document Sent- Rule & ACT Books
12/07/2016	Application Incomplete Letter Sent
12/19/2016	Inspection Completed-Env. Health : B
01/12/2017	Contact - Telephone call made- Consultation provided.
01/24/2017	Contact - Documents Received- Program statement, admission/discharge policy, and variance request received.
01/26/2017	Comment- Application packet given to Dawn Timm, Area Manager, for review and follow up.
09/08/2017	Contact- Telephone- Scheduled original on-site inspection for 9/28/2017.
09/08/2017	Application Complete/On-site Needed
09/27/2017	Inspection Completed On-site
09/27/2017	Inspection Completed-BCAL Sub. Compliance
01/17/2018	Contact- Documents received
02/02/2018	Inspection Report Requested – Health- original

02/21/2018	Inspection Completed on-site- Full Compliance
02/22/2018	Applicant attended AFC Workshop for new licensees at Kalamazoo Office.
03/20/2018	Inspection Completed-Env. Health : B

## **DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The applicant Grace Guest House is a domestic nonprofit corporation established in Michigan in 2016. Malinda Bell, resident agent and president of Grace Guest House, has been appointed the home's licensee designee and administrator. Mrs. Bell is also the resident agent of the Michigan limited liability company Caroline Avery LLC. Caroline Avery LLC is the owner of the property. On file is proof of ownership and a lease agreement between Caroline Avery LLC and Grace Guest House, as well as a written statement from Mrs. Bell granting the department permission to inspect the property.

Grace Guest House is located in a quiet subdivision in the city of Portage, Michigan. This ranch-style home is situated in a wooded setting overlooking the Portage River. The home's main entrance is equipped with a ramp to accommodate residents who regularly require wheelchairs to assist with mobility. Upon entering through the home's main entrance, on the right side of the house, there is a hallway that leads to three resident bedrooms and one full resident bathroom. There is an additional bathroom located in the largest of the three bedrooms that is equipped with a handicap accessible shower, as well as a washer and dryer. Also located in the larger bedroom is a handicap accessible French-style door that leads to the home's large back porch, which overlooks the river. There is an elevator located on the right side of the home. However, the elevator will not be utilized by the residents. Located in the home's living room is a wood burning fireplace and an additional handicap accessible French-style door that also leads to the home's back porch. Off to the left of the living room is a fourth resident bedroom. This bedroom does not have a window. However, the bedroom is equipped with an easily openable sliding glass door that leads to the home's back porch. It has been determined during an on-site inspection that this door meets the requirements to act as a bedroom window and additional door. To the left of the main entrance is the home's dining room and kitchen. Off the kitchen is a small pantry and an exit which leads into the home's attached one car garage. This means of egress is also equipped with a ramp to accommodate residents who regularly require wheelchairs. The home has a finished basement with a walkout, where Mrs. Bell intends to reside. The basement has not been approved for resident occupancy.

On-site inspections verified that the home is in substantial compliance with rules pertaining to environmental health. The home utilizes the public sewer system and has a private well. On file is verification that the home's private well has been inspected and has received an acceptable rating from the local health department. In the final Environmental Health Department Inspection Report the inspector recommended that when the well needs to be replaced, that the applicant ensures 75' isolation to sewer line as well as when the next major service is done to the well to have a proper sampling tap and pressure relief valve installed.

On-site inspections verified that the home is in substantial compliance with rules pertaining to fire safety. On file is verification that the wood burning fireplace in the home's living room has been inspected by a qualified service and is in good working condition. There is a gas-fired furnace, an electric heating unit, a gas-fired fireplace and gas-fired hot water heater located in the basement. On file is verification that the furnace, electric heating unit, fireplace and hot water heater have all been inspected by a qualified service and are in good working condition. Single-station battery-operated, as well as hard-wired smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame and heat-producing equipment. Floor separation includes an approved 1-3/4 inch solid core door with an automatic self-closing device with positive latching hardware, which is located at the top of the entrance leading to the basement. Two fire extinguishers are located on the main floor, including one in the home's kitchen. An additional fire extinguisher is located in the basement. On file is documentation verifying that the decorative paneling used throughout the home has been fire rated Class C. Also, on file is documentation that the ceiling tiles located in the basement have been fire rated Class A.

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' X 16' 5'.5" X 14' 8' X 8'	326.5	2
2	16'64" X 12'36"	205.67	2
3	10'9" X 12'7"	138.43	1
4	12' X 11'	132	1

The indoor living and dining areas measure a total of 328.8 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 6 male and/or female adult residents who are aged and/or experiencing a terminal illness. The home intends to provide a home-like alternate for residents with a life expectancy of approximately less than three weeks, who do not require 24-hour nursing care and wish to “age and pass away in place” in a non-medical setting. Residents of Grace Guest House are required to be enrolled in a licensed hospice program of their choice. Staff at Grace Guest House will serve as companions and non-medical caregivers trained to provide quality care at the end-of-life to residents who are unable to remain and/or return to their home.

Hospice providers and primary care physicians will be responsible for developing the residents’ plan of care, including medical management and pain and symptom management. Hospice providers and primary care physicians are also responsible for providing residents with any “skilled care” needs. Grace Guest House staff and volunteers will provide residents with basic personal care assistance and are trained to assist in keeping the residents comfortable while addressing their final wishes. The applicant intends to accept referrals from local hospitals and local licensed hospice programs.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

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

Mrs. Bell graduated from the University of Missouri-Kansas City School of Medicine in 1985, is double-board certified in Emergency Medicine and Hospice & Palliative Medicine and has worked 25 years in Emergency Medicine. Mrs. Bell has extensive experience in providing consultation and direct care in urban and rural settings, including home visits to Adult Foster Care homes, nursing homes and private homes as a Hospice Medical Director. In 2010, Mrs. Bell started Palliative Care Medical Associates, a private house call and hospital consult practice. Most recently, Mrs. Bell was employed at a local hospital as a Palliative Care Physician Consultant, and currently holds a faculty appointment at Western Michigan University Homer Stryker School of Medicine.

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 Grace Guest House has submitted documentation appointing Malinda Bell as licensee designee and administrator for this facility.

A criminal history background check of Mrs. Bell was completed and she was determined to be of good moral character to provide licensed adult foster care. Mrs. Bell submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Mrs. Bell has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one direct care staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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 acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.



### III. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six.



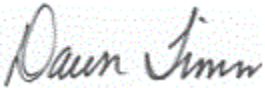
03/20/2018

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Michele Streeter  
Licensing Consultant

Date

Approved By:



03/22/2018

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Dawn N. Timm  
Area Manager

Date