



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 15, 2018

William Sowle
Stoneridge AFC, LLC
12200 North Ave
Bellevue, MI 49021

RE: Application #: AL080387768
Stoneridge AFC
4825 Fruin Rd
Bellevue, MI 49021

Dear Mr. Sowle:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AL080387768
Licensee Name:	Stoneridge AFC, LLC
Licensee Address:	4825 Fruin Rd Bellevue, MI 49021
Licensee Telephone #:	(269) 758-3388
Licensee Designee:	William Sowle
Administrator:	James Garman
Name of Facility:	Stoneridge AFC
Facility Address:	4825 Fruin Rd Bellevue, MI 49021
Facility Telephone #:	(269) 758-3388
Application Date:	04/05/2017
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

04/05/2017	On-Line Enrollment
04/05/2017	Inspection Completed-Fire Safety : A See AL080338716
04/13/2017	Contact - Document Sent Fire Safety String
04/13/2017	Contact - Document Sent Rule & Act booklets
04/13/2017	Application Incomplete Letter Sent App; rec cl, FP's, Livescan request for William
05/01/2017	Contact - Document Received Rec clearance for William
05/04/2017	Contact - Document Received Livescan request for William
05/15/2017	Comment FP's for William S.
05/16/2017	File Transferred To Field Office Lansing
05/17/2017	Comment Placing enrollment file in mailbox of licensing consultant, L. Barner
06/06/2017	Application Incomplete Letter Sent
07/13/2017	Contact - Document Sent Confirming letter

07/31/2017	Contact - Telephone call received From attorney Greg Bator requesting additional time to supply the requested information.
09/20/2017	Contact – Document Received Clearances and verification of education and experience for administrator James Garman
03/20/18	Contact - Document Received Medical clearance and TB skin test for administrator James Garman
03/27/2018	Contact - Document Received Received admission policy, discharge policy, program statement, standard/routine procedures, staffing pattern, budget, floor plans, organizational chart, permission to inspect, proof of ownership.
07/16/2018	Contact - Document Sent E-mail to Bill Sowle requesting additional documents needed for licensure including updated BCAL 3705
07/18/2018	Inspection Report Requested - Health
07/18/2018	Inspection Completed On-site
07/18/2018	Inspection Completed-BCAL Full Compliance
07/30/2018	Contact - Document Received Medical clearance for Bill Sowle dated 7/26/18. TB skin test for Bill Sowle dated 8/3/17
08/06/2018	Inspection Completed: Environmental Health: A
08/06/2018	Contact – Document Received Alzheimer's program statement
10/04/2018	Inspection Completed: Fire Safety: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a recently constructed ranch style building with vinyl siding located in Bellevue, Michigan in a rural area of Barry County. The grounds are tastefully landscaped and there is ample parking in the front and rear of the facility for staff members and visitors. Upon entering the front door, one enters a large living room area furnished with adequate seating for 20 residents. The dining area is off the living room and has tables and chairs to accommodate 20 residents. The kitchen is located off the dining area and is properly equipped to prepare and serve adequate meals. There is a north wing and a south wing of resident bedrooms located on the main floor, down hallways on either side of the dining area. There are 10 rooms designated as resident bedrooms in the north wing and 7 rooms designated as resident bedrooms in the south wing. Also located in the south wing are a supply room and the administrator's office. The facility is equipped with a laundry room outfitted with a toilet and shower, beauty salon equipped with toilet and shower, four half baths, and one full bathroom. There are three full bathrooms in total. Finally, there is a medication room located off the dining room. The facility has a basement that is not designated for resident use. The facility is wheelchair accessible and has three approved means of egress which are all at grade. The facility utilizes a private water supply and sewage disposal system. The facility received an "A" rating from the Barry Eaton District Health Department on 8/6/18.

The facility is equipped with two gas hot water heaters and two gas furnaces located in the basement. Between the basement and main level of the facility floor separation is achieved with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. The facility is fully sprinkled and was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on 10/4/18.

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

North Wing:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' 6" X 13' 5"	141	1
2	10' 1" X 13' 5"	135	1
3	13' 5" X 16' 6"	221	2
4	10' 8 ½" X 13' 5"	144	1
5	10' 9 1/2" X 13' 5"	145	1
6	10' 4" X 13' 5"	139	1
7	10' 1" X 13' 5"	135	1
8	13' 5" X 16' 6"	221	2
9	10' 8 ½" X 13' 5"	144	1
10	10' 9 1/2" X 13' 5"	145	1

South Wing:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
11	10' 4" X 13' 5"	139	0; used as supply room
12	10' 1" X 13' 5"	135	1
13	13' 5" X 16' 6"	221	0; used as office
14	10' 8 ½" X 13' 5"	144	0; used as storage
15	10' 6" X 13' 5"	141	1
16	10' 6" X 13' 5"	141	1
17	10' 8 ½" X 13' 5"	144	1
18	13' 5" X 16' 6"	221	2
19	10' 1" X 13' 5"	135	1
20	10' 4" X 13' 5"	139	1

The indoor living and dining areas measure a total of 2520 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 20 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 20 male or female residents who are aged or who have Alzheimer's Disease or related conditions. The program will include life enrichment activities such as guest entertainers, parties, theme meals, arts and crafts, exercise, gardening, worship

services and music therapy for resident activities and recreation. The program will strive to identify, emphasize, build on a person's abilities, encourage independence, develop meaningful relationships, encourage community involvement and seek opportunities to celebrate life. An assessment plan will be completed for individuals and will be designed and implemented to meet each resident's personal care and social needs. Staff members will recognize persons with dementia as unique individuals, and adapt the care provided to meet specific resident needs, abilities and interests. Staff members will be trained in dementia care and competent at managing challenging behaviors. The facility will be free of unpleasant odors. The indoor space at the facility allows for freedom of movement and promotes independence. The indoor and outdoor areas are safe, secure and monitored with surveillance cameras. The facility doors are alarmed for any unauthorized entry or exit. The facility is easy to navigate for residents who may have confusion or memory impairments. Staff members have a plan for monitoring adequate nutrition, provide for any special dietary needs and provide appropriate assistance with eating based on person's abilities (for example, encouragement during meals or assisted feeding in advanced stages). The applicant will assist with facilitating transportation to medical appointments or facilitate in-home services from physical therapists, occupational therapists, nurse practitioners, physicians and the like. The applicant intends to accept residents with private sources for payment.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the Barry County Commission on Aging, as well as the local library, shopping centers and churches. The facility is located approximately 10 miles from the city of Hastings and 10 miles from the city of Battle Creek, both of which contain ample resources for residents to engage in an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Stoneridge AFC, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 8/28/12. The applicant submitted a financial statement and annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Stoneridge AFC, L.L.C. have submitted documentation appointing William Sowle as licensee designee for this facility and James Garman as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant submitted statements from a physician documenting his good health dated 7/26/18 and current negative tuberculosis test results dated 8/9/17. The

administrator submitted statements from a physician documenting his good health dated 3/8/18 and current negative tuberculosis test results dated 8/16/17.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Licensee designee William Sowle has approximately 18 months experience providing direct care and administrative oversight at the facility, which was previously licensed. Mr. Sowle has assisted residents who are aged with transferring, bathing, toileting and other personal care needs. Mr. Sowle has addressed residents' nutrition needs and prepared meals for residents. Mr. Sowle has been formally trained through the Michigan Center for Assisted Living in the topics of nutrition, foster care, safety and fire prevention, financial and administrative management, resident rights, prevention of communicable diseases, employee relations, assistive device dangers, resident hygiene, medication administration, and environmental health and physical plant requirements. Mr. Sowle is CPR and first aid certified. Mr. Sowle has administrative experience creating and maintaining a budget, reviewing and maintaining staffing levels, communicating with residents' families, and care providers such as physicians or hospice.

Administrator James Garman has approximately 16 years of experience working with residents who are aged in a skilled nursing setting. Mr. Garman has both direct, hands on experience caring for residents and experience providing administrative oversight in the areas of admissions, communication with residents' families, billing and payment of vendors, coordinating with physicians and other providers, scheduling of staff, and facilitating and coordinating residents' medication. Mr. Garman has experience developing resident care plans, responding to residents' goals and concerns, and teaching and training staff members who care for aged residents. Mr. Garman is CPR and first aid certified.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 direct care staff for 20 residents per shift. The applicant will also employ a cook and a part time registered nurse. 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 acknowledged 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) 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 an understanding that since the facility is currently licensed under a different licensee and there are currently residents admitted to the facility, each resident must be readmitted when the applicant's license is issued and all the aforementioned documents will need to be completed for each resident upon issuance of the license.

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 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 the resident's 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home with a capacity of 20 residents.



10/10/18

Leslie Barner
Licensing Consultant

Date

Approved By:



10/15/2018

Dawn N. Timm
Area Manager

Date