



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 09, 2018

Autumn Taylor  
Pleasant Pines LLC  
55871 Frank Jones Road  
Mendon, MI 49072

RE: Application #: AS750395484  
**Pleasant Pines**  
**55871 Frank Jones Road**  
**Mendon, MI 49072**

Dear Ms. Taylor:

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, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(517) 281-9913

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS750395484
<b>Applicant Name:</b>	Pleasant Pines LLC
<b>Applicant Address:</b>	55871 Frank Jones Road Mendon, MI 49072
<b>Applicant Telephone #:</b>	(269) 503-4235
<b>Licensee Designee:</b>	Autumn Taylor
<b>Administrator:</b>	Autumn Taylor
<b>Name of Facility:</b>	Pleasant Pines
<b>Facility Address:</b>	55871 Frank Jones Road Mendon, MI 49072
<b>Facility Telephone #:</b>	(269) 503-4235
<b>Application Date:</b>	07/23/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

07/23/2018	Enrollment
07/26/2018	Contact - Document Sent Rules & Act booklets
07/26/2018	Application Incomplete Letter Sent
07/30/2018	Contact - Document Received
07/31/2018	Inspection Report Requested - Health Inv. #1028526
09/04/2018	Application Incomplete Letter Sent
09/20/2018	Application Complete On-site Needed.
09/20/2018	Inspection Completed On-Site
10/08/2018	Inspection Completed Env. Health 'A'
10/08/2018	Inspection Completed Onsite-Full Compliance

## II. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a modular home located in a rural area outside the city limits of Mendon, Michigan. The home is 8.2 miles from the nearest hospital and 8.4 miles from Glen Oaks Community College. The home has a large driveway with appropriate parking space for visitors and staff. All five resident bedrooms are located on the main floor while the home has two separate basements. The living room, two full bathrooms, dining room and sitting room are located on the main floor and are adjacent to the kitchen. This facility is not wheelchair accessible. The property is owned by Ms. Autumn Taylor.

The facility has a private well and septic system that was inspected by the local County Health Department and was determined to be in substantial compliance with applicable administrative rules on 10/08/2018.

The propane furnace and hot water heater are located in the basement which is accessible through the dining room. The door leading to the basement from the dining room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The applicant provided documentation that the furnace and water heater are in good working condition, inspected on 09/28/2018 by a licensed professional.

An on-site inspection verified 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. One living room has a fireplace and the licensee has submitted written verification that it will not be used.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'X19'	190	2
2	11'X13'	143	1
3	11'X13'	143	1
4	9'X13'	117	1
5	10'X13'	130	1

The indoor living and dining areas measure a total of 736 square feet of living space. This meets/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 six male and/or female residents who are mentally ill and or developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs through Adapt, Inc. The applicant intends to accept referrals from St. Joseph Community Mental Health.

**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 public schools and library, local museums, shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

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

The applicant is Pleasant Pines, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 7/31/2018. 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 members of Pleasant Pines, L.L.C. have submitted documentation appointing Autumn Taylor as licensee designee for this facility and Kimberly Shapley 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 and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Autumn Taylor and Kimberly Shapley have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Kimberly Shapley has at least one year of experience working with individuals who are developmentally disabled and mentally ill at another AFC facility licensed to Autumn Taylor. Autumn Taylor also has three years of experience serving as the licensee and administrator for another AFC small group home licensed to provide care for individuals diagnosed with a developmental disability and/or mental illness.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 *or 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 acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident 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.

**I. RECOMMENDATION**

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



10/08/2018

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Eli DeLeon  
Licensing Consultant

Date

Approved By:



10/09/2018

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Dawn Timm  
Area Manager

Date