



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 20, 2018

Lyle Robinette  
Larcyn Holdings, Inc.  
1252 N. Cochran Avenue  
Charlotte, MI 48813

RE: Application #: AM230384111  
**Hope Landing - The Haven**  
**1146 N. Cochran Avenue**  
**Charlotte, MI 48813**

Dear Mr. Robinette:

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 10 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**

<b>License Application #:</b>	AM230384111
<b>Applicant Name:</b>	Larcyn Holdings, Inc.
<b>Applicant Address:</b>	1252 N. Cochran Ave. Charlotte, MI 48813
<b>Applicant Telephone #:</b>	(517) 541-9620
<b>Administrator/Licensee Designee:</b>	Lyle Robinette
<b>Name of Facility:</b>	Hope Landing - The Haven
<b>Facility Address:</b>	1146 N. Cochran Avenue Charlotte, MI 48813
<b>Facility Telephone #:</b>	(517) 541-9620
<b>Application Date:</b>	07/14/2016
<b>Capacity:</b>	10
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

07/14/2016	Enrollment Online enrollment
08/03/2016	Contact - Document Sent Rules & Act booklets
08/04/2016	Contact - Document Received Livescan request for Lyle Robinette
11/29/2016	Application Incomplete Letter Sent
05/30/2018	Received admission policy, articles of incorporation/bylaws, budget, appointment of licensee designee, zoning approval, appointment of designated representative, discharge policy, fee policy, floor plan, house rules, 1326 A form, medical clearance for Lyle Robinette, TB test results for Lyle Robinette, organizational chart, program statements, proof of ownership, personnel policies, job descriptions, and staffing pattern.
07/23/2018	Received board of directors list, permission to inspect, and standard/routine procedures.
08/17/2018	Inspection Completed Fire Safety: A
09/18/2018	Application Complete/On-site Needed
09/18/2018	Inspection Completed – BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a newly built ranch style building with half brick and half vinyl siding located in the city of Charlotte on a paved road. There is ample parking in the front of the facility for residents, visitors and staff members. The front door opens to the common living area which measured 312 square feet. Off the living room is an office and the medication room. The kitchen is located off the living room and leads into a spacious dining room which measured 312 square feet. There is a second common living area that will be used as an activity room located off the kitchen which measured 253 square feet. There are ten resident bedrooms all located on the main floor, each of which can accommodate one resident. Each resident bedroom contains a half bath and there are two full bathrooms equipped with showers that are wheelchair accessible. The facility also contains a laundry room and a half bath off the activity room. Amenities at the facility include country dining with a counter and a booth, comfortable living room and cozy den, outdoor seating with screened in silo porch, a courtyard, fitness center,

beauty shop, spa room with personal bath/hot tub, and a spacious activity center. The home is wheelchair accessible and has two approved means of egress. The first wheelchair accessible means of egress is equipped with a ramp from the first floor. There is a second approved means of egress that is at grade from the first floor. The home utilizes a public water supply and sewage disposal system.

The facility is equipped with a gas hot water heater and furnace which are located in the basement. Floor separation has been secured 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. There are 25 smoke detectors throughout the facility which 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. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on 8/17/18.

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' 0" X 19' 0"	247	1
2	13' 0" X 19' 0"	247	1
3	15' 0" x 19' 0"	285	1
4	15' 0" x 19' 0"	285	1
5	15' 0" x 19' 0"	285	1
6	15' 0" x 19' 0"	285	1
7	15' 0" x 19' 0"	285	1
8	15' 0" x 19' 0"	285	1
9	15' 0" x 19' 0"	285	1
10	15' 0" x 19' 0"	285	1

The indoor living and dining areas measure a total of 877 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 ten (10) 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 ten male or female residents aged 18 and older that may be physically handicapped, aged, or who have Alzheimer's Disease or related conditions. The program will provide personalized supportive services and health care assistance for residents in a family environment devoid of all institutional appearances. Every resident will enjoy a quality of life that maximizes his or her individual capacity for choice, privacy and independence. This includes but is not limited to housing, meals, security, housekeeping, medication oversight, personal and some medical services. The facility intends to allow residents to stay in their own private space while their physical needs and care may change. The applicant intends to respect and respond to each resident's unique physical, medical, spiritual, and emotional needs. All care will be provided in a gentle and caring manner, with the utmost respect for each person's privacy and dignity. In home services include assistance with ambulating, bathing, dressing, eating, personal hygiene, and medication administration. In home activities include games, puzzles, exercises, cards, bingo, crafts, bible study, storytelling, and live music and dancing. All activities are designed to stimulate intellectual functioning. The applicant intends to accept referrals from Tri – County Office on Aging, hospitals, medical care facilities, or residents with private sources of payment. The applicant has submitted an acceptable Alzheimer's program statement to assure adequate care and supervision of residents diagnosed with Alzheimer's disease. According to the program statement it is the purpose of the facility to assess each resident diagnosed with a memory impairment and other specialized medical care needs and provide stimulating one on one individualized activities as well as group activities to maintain sensory functioning as long as possible. The applicant has communicated that each potential resident will be administered a complete assessment which is thorough and includes determining the acuity of the diagnosis along with identifying what cognitive needs are present. The resident's physician completes a written Health Care Appraisal addressing the mental functioning as well as physical needs. The staff member providing the initial assessment reports their findings to the physician and decides if placement is appropriate. With the assessments gathered from the physician and staff along with the written Health Care Appraisal, the administrator will meet with the potential resident's family member(s) to gather a history of past and present medical and mental functioning concerns. With family participation an activity history will be identified and utilized to create an individualized care plan to assist with the resident's daily care needs. According to the program statement, sound, touch, visual, aroma, and taste therapies may be used to enhance desired outcomes. A plan of care addressing all physical, mental, and spiritual needs will be developed. The plan will be specific to manage whatever level the resident is at in their disease process. The activities will be designed to stimulate the resident's senses with the goal to maintain their functional abilities as long as possible. Routinely, the caregivers and administrator will meet to identify the resident's response to services and activities provided and continue to adjust the existing care plan as needed. All staff members will be required to complete ongoing training from a variety of resources in areas of Alzheimer's disease and other forms of dementia as well as the specialized care required by the residents.

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 regular outings to the Eaton Area Senior Center to provide outside the home activities. Shopping is minutes away including access to large stores and small shops in downtown Charlotte. There are restaurants, churches, a community center, and the Charlotte Performing Arts Center nearby. The facility is located close to many governmental agencies and support organizations as well as a local hospital. These resources provide an environment to enhance the quality of life and increase the independence of residents.

### **C. Applicant and administrator qualifications**

The applicant is Larcyn Holdings, Inc., a “For Profit Corporation” established in Michigan on 2/9/06. 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 Larcyn Holdings, Inc. has submitted documentation appointing Lyle Robinette as licensee designee and administrator of the facility.

A criminal history background checks of Mr. Robinette was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Robinette submitted a statement from a physician documenting his good health dated 5/29/18 and current negative tuberculosis test results dated 11/30/15.

Mr. Robinette has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Robinette has been the licensee designee and administrator for Hope Landing (AL230290825) for ten years and has successfully cared for residents who are physically handicapped, aged, or have Alzheimer’s disease. Mr. Robinette has demonstrated an understanding of the administrative rules for large adult foster care group homes. Mr. Robinette has a degree in business administration and has been a business owner for nearly 20 years. Mr. Robinette is a member of the Board of Directors for the Michigan Center for Assisted Living. Mr. Robinette has served as a consultant for other licensees seeking assistance with operating their facilities. Mr. Robinette is a certified dementia practitioner and a certified assisted living director. Mr. Robinette has experience providing direct, hands on care to residents as well.

The staffing pattern for the original license of this ten-bed facility is adequate and includes a minimum of two staff for 10 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 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](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 of 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 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 medium group home.



09/19/2018

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Leslie Barner  
Licensing Consultant

Date

Approved By:



09/20/2018

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Dawn N. Timm  
Area Manager

Date