



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 14, 2019

Jeanette Glasscoe
Loving Care & Comfort LLC
414 Leland Pl
Lansing, MI 48917

RE: Application #: AS230392758
Loving Care & Comfort LLC
4406 Elmshaven Drive
Lansing, MI 48917

Dear Ms. Glasscoe:

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 six 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 "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS230392758
Licensee Name:	Loving Care & Comfort LLC
Licensee Address:	414 Leland Pl Lansing, MI 48917
Licensee Telephone #:	(517) 391-4572
Licensee Designee:	Jeanette Glasscoe
Administrator:	Jeanette Glasscoe
Name of Facility:	Loving Care & Comfort LLC
Facility Address:	4406 Elmshaven Drive Lansing, MI 48917
Facility Telephone #:	(517) 391-4572
Application Date:	02/22/2018
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

02/22/2018	On-Line Enrollment
02/23/2018	Contact - Document Sent Rule & Act booklets
03/02/2018	Contact - Document Received App; IRS ltr; rec cl for Jeanette (LD & Admin)
03/05/2018	Contact - Document Received RI-030 for Jeanette
03/07/2018	Application Incomplete Letter Sent
03/13/2018	Contact - Telephone call received Process explained to Jeanette and TA provided on the next steps needed before an on-site can occur.
03/14/2018	Contact - Document Sent Email sent to Jeanette with information for licensure.
03/21/2018	Contact - Document Received TA provided rules for licensure.
04/23/2018	Contact - Document Received
04/30/2018	Technical Assistance Provided by phone about application process and policies and procedures.
05/20/2018	Contact - Document Received
07/05/2018	PSOR on Address Completed No offenders at address.
07/06/2018	Inspection Completed-BCAL Sub. Compliance
07/16/2018	Corrective Action Plan Received
07/16/2018	Corrective Action Plan Approved
07/17/2018	Contact - Document Sent CAP approval letter sent.
09/05/2018	Contact - Document Received questions about time frame to have license completed by, still working on corrections.

09/05/2018	Contact - Document Sent Emailed Jeanette to contact me when she was ready for a re-inspection once all of the corrections have been made.
09/07/2018	Contact - Document Received email with questions about dryer venting, fire door/door handle.
09/10/2018	Contact - Document Sent Answered questions and provided pictures of required dryer venting and fire door/door handle.
10/29/2017	Inspection Completed-BCAL Sub. Compliance
11/02/2018	Confirming letter sent.
12/28/2018	CAP Compliance Verification- interconnected smoke detectors working.
12/28/2018	Exit Conference with Jeanette Glasscoe
01/09/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Loving Care & Comfort LLC is a single-story, ranch style facility that is located in the Township of Delta and the city of Lansing, Michigan. The facility is on a .35-acre corner lot and has four resident bedrooms, one full resident bathroom, one half resident bathroom, a dining area, kitchen, living room, laundry room and basement. The facility is not wheelchair accessible. The facility has ample parking for resident guests and facility employees. The home utilizes public water supply and sewage disposal system. The facility is located in Lansing which is the capital of Michigan and offers a variety of local events, festivals, theaters, sporting activities and parks for recreational opportunities. The facility is a couple of miles from the Lansing mall and movie theater and has a post office, library and community center. Medical intervention can be obtained about four miles from the facility at Sparrow Hospital. The surrounding community offers a variety of physicians, restaurants, churches, shopping venues and banks.

The facility is equipped with one electric forced heat furnace which was inspected on 08/14/2018 and was in good working order at the time of the inspection. The facility is equipped with a water heater, which is located in the basement of the facility with the furnace which is equipped with a 1-3/4-inch solid core door. The facility is equipped with

a working interconnected smoke detection system with battery backup which was in a working order.

The facility is not handicap accessible and therefore cannot accept residents who require the regular use of a wheelchair.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'04 X 12'08	219.555	2
2	14'04 X 10'02	145.722	2
3	8'07 X 10'10	92.986	1
4	11'06 X 9'0	103.5	1
Dining room	9'11" X 7'0	76.027	0
Kitchen	11'6 X 10'08	122.667	0
Sitting Room	16'0 X 14'4	213.333	0

The indoor living and dining areas measure a total of 1,460 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 six 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 aged and at least 60 years old. The program offers visiting physicians, hospice care, home cooked meals, medication administration, recreational activities and assistance with activities of daily living. 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 such as Tri-County Office on Aging for recreational activities as well as bringing in books from the local library for residents. The facility has board games, puzzles, coloring books, clay activities and crafts. The program will utilize resources to provide an environment to enhance the quality of life of residents and will offer outings to local Lugnut baseball games, church programs, shopping and dining in the community.

C. Applicant and Administrator Qualifications

The applicant is Loving Care & Comfort LLC., a “For Profit Corporation”, established in Michigan on 01/18/2018. 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.

Loving Care & Comfort LLC has submitted documentation appointing Jeanette Glasscoe as licensee designee and administrator of the facility.

Criminal history background checks of the applicant/administrator were completed, and Ms. Glasscoe was determined to be of good moral character to provide licensed adult foster care. Ms. Glasscoe submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Glasscoe has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Glasscoe, licensee designee/administrator, has worked with the aged population for a year and a half as a caregiver at a retirement center assisting with activities of daily living, transferring residents and assisting with activities. Additionally, Ms. Glasscoe has worked an additional year at a medical care facility as a certified nursing assistant (CNA) assisting residents with toileting, bathing, transferring, walking assistance and companionship. Ms. Glasscoe currently works at Sparrow Hospital as a phlebotomist.

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. Ms. Glasscoe acknowledged that the staff-to-resident ratio may need to be increased 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. Ms. Glasscoe has indicated that direct care staff will be awake during sleeping hours.

Ms. Glasscoe 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.

Ms. Glasscoe 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) and the related documents required to demonstrate compliance.

Ms. Glasscoe 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 Jeanette Glasscoe 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.

Ms. Glasscoe 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.

Ms. Glasscoe acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Glasscoe 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.

Ms. Glasscoe 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.

Ms. Glasscoe 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 of the resident's personal money transactions that have been agreed to be managed by the applicant.

Ms. Glasscoe 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.

Ms. Glasscoe 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.

Ms. Glasscoe 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.


Ms. Glasscoe acknowledged that residents with mobility impairments will 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 six-month temporary license to this adult foster care small group home with a capacity of six residents.



1/14/2019

Julie Elkins
Licensing Consultant

Date

Approved By:



01/14/2019

Dawn N. Timm
Area Manager

Date