



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 29, 2019

Paula Ott  
Central State Community Services, Inc.  
Suite 201  
2603 W Wackerly Rd  
Midland, MI 48640

RE: Application #: AS230396556  
**Grand Ledge**  
**803 W. Main Street**  
**Grand Ledge, MI 48837**

Dear Mrs. Ott:

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 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**

<b>License #:</b>	AS230396556
<b>Applicant Name:</b>	Central State Community Services, Inc.
<b>Applicant Address:</b>	Suite 201 2603 W Wackerly Rd Midland, MI 48640
<b>Applicant Telephone #:</b>	(989) 631-6691
<b>Administrator</b>	Dana Marshall
<b>Licensee Designee:</b>	Paula Ott
<b>Name of Facility:</b>	Grand Ledge
<b>Facility Address:</b>	803 W. Main Street Grand Ledge, MI 48837
<b>Facility Telephone #:</b>	517-627-4604
<b>Application Date:</b>	09/25/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

09/25/2018	Enrollment
10/01/2018	Contact - Document Sent Rule & Act booklets
10/01/2018	Application Incomplete Letter Sent CI's for Paula (LD) & Dana (Admin); IRS ltr
10/02/2018	Contact - Document Received CI's for Paula (LD) & Dana (Admin); tax info
10/10/2018	Application Incomplete Letter Sent
10/26/2018	Contact - Document Received
12/26/2018	Inspection Completed On-site
12/26/2018	Exit Conference with Paula Ott and Dana Marshall.
12/27/2018	Inspection Completed-BCAL Sub. Compliance
01/04/2019	CAP Compliance Verification Water Temperature compliance and wheelchair ramp cleared off.
01/15/2019	CAP Compliance Verification Furnace inspection
01/15/2019	Inspection Completed-BCAL Full Compliance
01/16/2019	Corrective Action Plan Received
01/16/2019	Corrective Action Plan Approved

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Grand Ledge AFC is a large, fenced in ranch-style facility built in 1979 on a 2.25-acre lot that is set back a couple hundred feet off the road. Located along the back of the property line are a set of train tracks and the Grand River about 700 feet from the facility. The facility is located in Eaton County, in the city of Grand Ledge, Michigan, which is about a 20-minute drive from Lansing. Grand Ledge offers a variety of local events, festivals, theaters, sporting activities, post office, banks, library and parks for recreational opportunities. The facility is about seven miles from the Lansing mall which has a variety of shopping, restaurants and a movie theater. Medical intervention can be obtained about fourteen miles from the facility at Sparrow Hospital. The surrounding community offers a variety of physicians, restaurants, churches, shopping venues and banks.

The main level of the facility has four resident bedrooms, two full resident bathrooms, a dining area, kitchen, living room, laundry room and basement. The facility is wheelchair accessible and has three means of egress with wheelchair ramps from the main level of the facility. One wheelchair accessible entrance/exit is located in the front of the facility, the second accessible entrance/exit on the side of the facility and the third is off the garage. Hallways and door widths inside of the facility are able to accommodate individuals who use wheelchairs to assist with mobility. The facility has ample parking for resident guests and facility employees. The home utilizes the public water supply and sewage disposal system.

The facility is equipped with a gas furnace which was inspected and found to be in good working condition on 01/08/2019 by Anderson Heating and Cooling. The furnace is located in the basement and floor separation is established by a fire-rated, fully enclosed metal door equipped with an automatic self-closing device and positive latching hardware. The hot water heater is located in this area and is in good working order.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and inspected by DeLau Fire Services on 12/07/2018. The smoke detection system and is fully operational and in good working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10 X 11'8	126.39	1
2	11'08 X 11'6 ½	134.65	1
3	25'05 X 9'11	252.05	2
4	15'12 X 13'10	221.33	2

Sitting Room	20'9 X 13'11	288.77	0
Kitchen	23'10 X 9'09	232.38	0

The indoor living and dining areas measure a total of 2,064 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 physically handicapped and/or developmentally disabled. The program offers visiting physicians, hospice care, home cooked meals, medication administration, recreational activities and assistance with activities of daily living. The program will include opportunities to socialize with one another and staff members through crafts, bingo, coloring, reading, puzzles, watching television and enjoying the outdoors. The program will offer outings to sporting events, the theater, movies, library, restaurants, zoo, circus, and local activities such as high school plays and athletic games as well as music in the park. Family and friends are strongly encouraged to visit as often as possible with their loved one. The applicant intends to accept referrals from Community Mental Health and will accept Supplemental Security Income (SSI) 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. The facility will provide ongoing training for direct care staff members working with physically handicapped and developmentally disabled residents and accommodating the resident's individual routines and preferences.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources such as the library, bowling alley and parks for recreational activities and outings as well as bringing in books and movies from the local library for residents. Additionally, the facility offers visiting physicians and hospice care. These resources provide an environment to enhance the quality of life of residents.

### **C. Rule/Statutory Violations**

The applicant is Central State Community Services, Inc., a "Non-Profit Corporation", established in Michigan on 10/30/1984. 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.

Central State Community Services, Inc. has submitted documentation appointing Paula Ott as licensee designee and Dana Marshall as administrator of the facility.

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

Ms. Ott and Ms. Marshall have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Ott is a registered nurse and according to the Bureau Information Tracking System has been a licensee designee and administrator since 2017 with Central State Community Services as the Executive Director. Ms. Ott has successfully maintained the licensing rules and has kept 25 facilities in good standing working with physically handicapped and developmentally disabled residents. Ms. Marshall has 10 years of experience with Central State Community Services in various roles working with physically handicapped and developmentally disabled residents. Ms. Marshall has been trained in gentle teaching and as a medical assistant. According to the Bureau Information Tracking System, Ms. Marshall has been an administrator since 2013. Ms. Ott has successfully maintained the licensing rules and kept four facilities in good standing.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff for six residents per shift. Ms. Ott 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. Ott has indicated that direct care staff will be awake during sleeping hours.

Ms. Ott 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. Ott 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.

Ms. Ott 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. Ott 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. Ott 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. Ott 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. Ott 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. Ott 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. Ott 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. Ott 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. Ott 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.

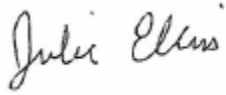
Ms. Ott acknowledged that residents with mobility impairments will only reside on the main floor of the facility.

#### **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 temporary license to this AFC adult small group home with a capacity of six residents.



01/25/2019

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Julie Elkins  
Licensing Consultant

Date

Approved By:



01/29/2019

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Dawn N. Timm  
Area Manager

Date