



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 22, 2019

Jared Behrens
Chandler Pines, LLC
838 Cherry St. SE
Grand Rapids, MI 49506

RE: Application #: AM410390297
Chandler Pines
Unit A
7555 Chandler Dr. NE
Belmont, MI 49306

Dear Mr. Behrens:

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 12 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM410390297

Applicant Name: Chandler Pines, LLC

Applicant Address: 838 Cherry St. SE
Grand Rapids, MI 49506

Applicant Telephone #: (616) 726-5704

Administrator/Licensee Designee: Paula Randall, Designee

Name of Facility: Chandler Pines

Facility Address: Unit A
7555 Chandler Dr. NE
Belmont, MI 49306

Facility Telephone #: (616) 726-5704

Application Date: 08/29/2017

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
ALZHEIMERS
AGED

II. METHODOLOGY

08/29/2017	Enrollment
09/07/2017	Inspection Report Requested - Health 1027423
09/07/2017	Inspection Report Requested - Fire
09/07/2017	Contact - Document Sent Rule/ACT Books & Fire Safety String
09/07/2017	Application Incomplete Letter Sent Fingerprint/RI 030 for Jared Behrens
10/31/2017	Inspection Completed-Env. Health : D
02/12/2018	Contact - Document Received Live Scan Request form/Fingerprint for Jared Behrens
02/12/2018	File Transferred To Field Office Grand Rapids
03/08/2018	Application Incomplete Letter Sent Emailed to designee
02/28/2019	Inspection Completed-Fire Safety : A
03/18/2019	Inspection Completed-Env. Health : A
04/01/2019	Application Complete/On-site Needed
04/10/2019	Inspection Completed On-site
04/10/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This ranch house with lower-level walk out is located at 7555 Chandler Dr. NE Belmont, Michigan, 49306, in the county of Kent. The facility is owned by Chandler Pines LLC. The facility sits in a rural area and there is a detached garage that is primarily used for storage. The facility has ten bedrooms, four full baths, kitchen, dining area, living room, and pantry. There are handrails where required. This facility utilizes private sewer and water systems. The home has a professionally installed sprinkler system for fires. The home has approved wheelchair ramps at both primary means of egress. The lower level is not approved for resident use.

The two furnaces are located in separate enclosed rooms on the main floor of the building and are equipped with a 1-3/4 inch solid core door outfitted with an automatic self-closing device and positive latching hardware.

The home also has an electric fireplace (air heater) that can be used for heat and/or decoration. It is not a space heater because it is permanently mounted in a column. The unit is UL certified.

The hot water heater, washer, and dryer are located in a room of the lower level that is equipped with a 1-3/4 inch solid core door outfitted with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 04/10/2019 and worked properly. There at least two operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	5' x 8' 4'1" x 10'	81	1
2	5' x 8' 5' x 10'6"	96	1
3	9' x 9'4" 5' x 8'	125	1
4	4' x 10' 5' x 8'	80	1
5	10' x 16'	160	2
6	8' x 10'	80	1
7	4' x 8' 6' x 12'	104	1
8	9'9" x 11'	109	1
9	10'8" x 11'	119	1
10	10'9" x 14'8"	162	2

Total Capacity: 12

The living and dining room areas measure a total of 535 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate twelve (12) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **twelve** male and/or female adults aged 18 years and older, who may be diagnosed with a developmentally disability, physically handicap, aged, and/or Alzheimer's in the least restrictive environment possible. An acceptable Alzheimer's statement has been submitted. The home is fitted with approved wheelchair ramps and has 36-inch door widths to accommodate wheelchair accessibility throughout the home. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff members, and only with the prior approval of the resident, guardian, and the responsible agency.

Chandler Pines LLC will not provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

C. Applicant and Administrator Qualifications

Paula Randall is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for Ms. Randall were completed with no restrictions noted on either. Her TB-tine results were negative.

Ms. Randall has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this twelve-bed facility is 2-staff- to-12 residents between the hours of 7 a.m. and 3 p.m., 3-staff- to-12 residents between the

hours of 3 p.m. and 11 p.m., and 1-staff- to-12 residents between the hours of 11 p.m. and 7 a.m.

The applicant acknowledges an understanding of the training and qualification 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 and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), Identogo, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by Ms. Randall, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each

resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 12).



04/22/2019

Toya Zylstra
Licensing Consultant

Date

Approved By:



04/22/2019

Jerry Hendrick
Area Manager

Date