



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 22, 2019

Paul Wyman
Retirement Living Management of Fruitport
1845 Birmingham
Lowell, MI 49331

RE: Application #:	AM610397644 Chestnut Fields Retirement Community 5467 Chestnut Drive Muskegon, MI 49444
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Dear Mr. Wyman:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM610397644
Applicant Name:	Retirement Living Management of Fruitport
Applicant Address:	1845 Birmingham Lowell, MI 49331
Applicant Telephone #:	(616) 638-4834
Administrator/Licensee Designee:	Paul Wyman, Designee Jen Owens, Administrator
Name of Facility:	Chestnut Fields Retirement Community
Facility Address:	5467 Chestnut Drive Muskegon, MI 49444
Facility Telephone #:	(231) 798-2220
Application Date:	12/17/2018
Capacity:	12
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

12/17/2018	Enrollment
12/18/2018	Inspection Report Requested - Fire
12/18/2018	Contact - Document Sent ACT Booklet and Fire Safety String
12/18/2018	Application Incomplete Letter Sent
12/18/2018	Lic. Unit file referred for background check review
01/03/2019	Contact - Document Received
01/09/2019	Lic. Unit file referred for background check review
01/10/2019	Lic. Unit received background check file from review
01/14/2019	File Transferred to Field Office Grand Rapids
01/17/2019	Application Incomplete Letter Sent Documents needed.
07/25/2019	Inspection Completed On-site
07/25/2019	Comment Fire Inspection Report needed.
07/25/2019	Inspection Completed-BCAL Full Compliance
07/25/2019	Contact - Document Sent Email sent to Nancy Schafer, fire inspector office re: fire report for original license.
07/29/2019	Contact - Document Received Nancy Schafer responded, the report still with BFS Plan Review.
08/08/2019	Contact - Document Sent Email to Brian Sherman re: the fire inspection report for OLSR.
08/09/2019	Contact - Document Received Brian Sherman re: fire inspection report.
08/09/2019	Contact - Document Sent Jen Owens, administrator.

08/13/2019	Contact - Document Sent Jen Owens re: OLSR and fire report.
08/13/2019	Contact - Document Received From Jen Owens.
08/20/2019	Contact-Document Received Fire Inspection Report-Approved.
08/20/2019	Application Complete.
08/21/2019	Recommend License Issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Chestnut Fields Retirement Community is a newly constructed building that is attached to the existing licensed Large Group Home. Chestnut Fields Retirement Community is a one-story level facility located in rural Muskegon Township but with shopping and dining amenities nearby. The facility has 12 resident apartment style rooms each with their own individual bathrooms, bedrooms, dining area and living space. All of the rooms in this facility are for memory care residents. As you enter the facility from the front, the dining room is located to the right and off the dining room is a resident community room. Located to the left upon entering the building is the nurses station/medication room and in a horseshoe shape around the nurses station/medication room are 12 resident rooms. Beyond the nurses station/medication room is the resident laundry room, resident spa room and employee breakroom. Straight down between the dining area and the nurses station/medication room, there is a door that is locked and alarmed with a crash bar that will alarm if pushed and opens automatically after 15 seconds of pressure that leads to an outside, fenced courtyard. This facility is wheelchair accessible and has 2 approved means of egress with no wheelchair ramp as the building is level to the ground. The facility utilizes public water and sewer.

The gas furnace and hot water heater are located on the main level of the facility in a room that is constructed of materials that provide a 1-hour fire resistance rating, are enclosed with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	19 X 8.58 (room) +10.58 X 10.66 (alcove in room)	163.02 + 112.78=275.80	1
2	19 X 8.58 +10.58 X 10.66	163.02 + 112.78=275.80	1
3	19 X 8.58 +10.58 X 10.66	163.02 + 112.78=275.80	1
4	19 X 8.58 +10.58 X 10.66	163.02 + 112.78=275.80	1
5	19 X 8.58 +10.58 X 10.66	163.02 + 112.78=275.80	1
6	19 X 8.58 +10.58 X 10.66	163.02 + 112.78=275.80	1
7	19 X 8.58 +10.58 X 10.66	163.02 + 112.78=275.80	1
8	19 X 8.58 +10.58 X 10.66	163.02 + 112.78=275.80	1
9	19 X 8.58 +10.58 X 10.66	163.02 + 112.78=275.80	1
10	19 X 8.58 +10.58 X 10.66	163.02 + 112.78=275.80	1
11	24 X 13.75 (room) + 5.50 X 7.50 (alcove in room)	330 + 41.25= 371.25	1
12	24 X 13.75 (room) + 5.50 X 7.50 (alcove in room)	330 + 41.25= 371.25	1

The living, dining, and sitting room areas measure a total of 2063 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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

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 or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. 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. The applicant intends to accept private pay individuals.

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, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Retirement Living Management of Fruitport, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 10/23/2006. 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 Retirement Living Management of Fruitport, L.L.C. have submitted documentation appointing Paul Wyman as Licensee Designee for this facility and Jennifer Owens as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the Licensee Designee and the Administrator. The Licensee Designee and Administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The Licensee Designee and Administrator have 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 12-bed facility is adequate and includes a minimum of 1 staff –to- 12 residents per shift during the nighttime hours and 2 staff to 12 residents during the day shifts. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this

facility's staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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) 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 the licensee, can 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 acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant

acknowledges 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 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 their 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this adult foster care medium group home (capacity 12).



08/22/2019

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



08/22/2019

Jerry Hendrick
Area Manager

Date