



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 27, 2019

Anne Kesler
Country Woods Assisted Living, LLC
8504 Doe Pass
Lansing, MI 48917

RE: Application #: AM230388695
Country Woods Assisted Living
7021 Hartel Road
Potterville, MI 48876

Dear Ms. Kesler:

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 (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 #:	AM230388695
Applicant Name:	Country Woods Assisted Living, LLC
Applicant Address:	8504 Doe Pass Lansing, MI 48917
Applicant Telephone #:	(517) 898-5559
Administrator:	Anne Kesler
Licensee Designee:	Anne Kesler
Name of Facility:	Country Woods Assisted Living
Facility Address:	7021 Hartel Road Pottersville, MI 48876
Facility Telephone #:	(517) 898-5559
Application Date:	05/25/2017
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

05/25/2017	Enrollment
05/31/2017	Comment See AM230388132 for inspections
05/31/2017	Contact - Document Sent Rule & Act booklets
08/09/2017	Application Incomplete Letter Sent
11/16/2017	Inspection Report Requested - Health Inv. #1027657
11/16/2017	Contact - Document Sent Fire Safety String
07/10/2018	Contact - Telephone call received TA on the licensing process. Ann stated that the building is still not yet under construction. Anticipates at least 4-5 months until the building is ready.
12/12/2018	Contact - Telephone call received Ann called to report that the facility is still under construction.
01/08/2019	Contact - Document Sent Emailed a link to the rule book to Ann.
02/14/2019	Technical Assistance Required documents to be posted in AFC.
06/05/2019	Contact - Document Sent Email sent to Anne to check on the progress of the building and if she had any questions.
06/05/2019	Contact - Document Received Ann emailed some required paperwork.

06/06/2019	Contact - Telephone call received Ann required to be licensed for just Aged and Alzheimer's. Ann requested that I delete other program types on application.
07/03/2019	Application Complete/On-site Needed
07/03/2019	Inspection Completed On-site
07/03/2019	Inspection Completed-BCAL Sub. Compliance
07/10/2019	Contact - Document Received Policy updates received.
07/14/2019	Contact - Document Received Personal Policies received.
07/15/2019	Contact - Document Received LD's medical, TB and First Aid/CPR documentation received.
07/15/2019	Contact - Document Received Training received.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Country Woods Assisted Living is a large ranch-style facility originally built in 1991 and renovated in 2019 on a 1.29-acre lot that is set back a few hundred feet from the road in Potterville, Michigan. Potterville is located approximately twelve miles southwest of downtown Lansing and seven miles northeast of Charlotte. Restaurants, shopping, a bank, post office, library and a variety of churches are available to residents in and near Potterville. The facility is equipped with seven security cameras. Three cameras are outside the facility, one in front, one in the back of the facility and one on the side of the facility. Four cameras are in the facility, one in the basement, one in the family room and two in the hallway, one on each wing of the facility. Cameras are not in the resident bedrooms and are in the common areas only.

The facility has 12 private resident bedrooms, two full resident bathrooms, a dining area, kitchen, living room, laundry room, salon, employee office, and sunroom. The facility is wheelchair accessible and has two exits with wheelchair ramps from the main level of the facility. One wheelchair accessible entrance/exit is located at the front of the facility and the other is located off the side of the facility. Hallways and door widths inside of the facility are able to accommodate individuals who use wheelchairs to assist with mobility. An additional amenity offered by the facility is beautician services. A small beauty shop, with one licensed beautician, will be housed at the facility and will offer services at an additional cost to residents. In the back of the facility the residents can enjoy an enclosed covered patio/sunroom to watch for deer, birds and other wildlife. The facility has ample parking for resident guests and facility employees.

The facility utilizes private water supply and private sewage disposal system. This facility was inspected by the Barry-Eaton District Health Department on 08/09/2019 and was in substantial compliance. The facility does have a reverse osmosis system that will be utilized for drinking and cooking and a Culligan water softener.

The facility is equipped with two gas forced heat furnaces and a gas hot water heater, which were inspected and found to be in good working order on 05/03/2019. The furnaces and hot water heater are located in the unfinished basement and floor separation is established by a fire-rated, fully enclosed metal door located on the first floor of the facility. The facility is equipped with a central air-condition system.

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. The facility is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in substantial compliance with the applicable fire safety administrative rules on 06/06/2019. The facility received a substantial full compliance rating on.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'2" X 8'9"	106	1
2	12'2" X 8'9"	106	1
3	14'1 X 7'7"	107	1
4	13'5" X 8'5"	112	1
5	11'9" X 9'6"	111	1
6	11'9" X 9'6"	111	1
7	12 X 9'5"	113	1
8	12'2" X 9'5"	114	1
9	12 X 9'7"	115	1
10	10' 6 1/2" X 11' 0"	116	1
11	12'5" X 10'5"	129	1
12	10'5" X 12'8"	131	2

Laundry Room	13'5" X 8'3"	110	0
Bathroom 1	11'3 X 9'4	105	0
Bathroom 2	8 X 9'1	128	0
Living Room	12'7 X 9'6	119	0
Kitchen	12'7 X 9'7	120	0
Dining Room	12'9 X 9'7	122	0
Salon	11'5 X 11'5	130	0
Covered Porch	18 x 5'5"	99	0

The indoor living and dining areas measure a total of 2,900 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 twelve residents. Resident Bedroom #12 is the only resident bedroom that has the square footage to accommodate a married couple or two same-sex roommates. It is the licensee's responsibility not to exceed the facility's licensed capacity of 12 residents.

B. Program Description:

The applicant intends to provide 24-hour supervision, protection and personal care to twelve male and/or female residents who are aged and at least 60 years of age or who have Alzheimer's disease or related conditions. The program will include opportunities to socialize with one another and direct care staff members through crafts, bingo, coloring, reading, puzzles, watching television and enjoying the outdoors. Family and friends are strongly encouraged to visit as often as possible with their loved one. The applicant intends to accept referrals from Tri-County Office on Aging MI Choice Waiver Program as well as residents with private sources for payment.

For residents diagnosed with Alzheimer's disease and/or dementia, Ms. Kesler will meet with the potential residents and their family member(s) who are seeking support. Ms. Kesler feels that every patient with a memory care concern is unique and individual in their needs. Ms. Kesler will complete a Pre-Admission Questionnaire to provide a basis for determining what level of care they require. Ms. Kesler will interview the resident and will observe them to determine their physical and mental capacity for completing activities of daily living. If possible, Ms. Kesler would like them to visit the facility for a day of respite and lunch. Ms. Kessler believes that this will give a picture of how they will interact with current residents and what level of care they will require. Ms. Kesler conducts regular assessments to review the residents progress with the family and all assessments will be documented for future comparison.

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. Additionally, the facility offers visiting physicians and hospice care.

B. Applicant and Administrator Qualifications

The applicant is Country Woods Assisted Living, LLC., a “For Profit Corporation”, established in Michigan on May 8, 2017. 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.

Ms. Anne Kesler is the only member of Country Woods Assisted Living, LLC, as she owns 100% of the corporation and has appointed herself as licensee designee and administrator for this facility.

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

The applicant/administrator, Ms. Kesler has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Kessler, licensee designee/administrator, worked at another licensed facility from August 2017 through August 2018 as a direct care worker assisting the aged population with activities of daily living, preparing meals and medication administration. Additionally, Ms. Kesler was also a caretaker for a family member for two years, Feb 2016 - Feb 2018, as the family member suffered a stroke and was simultaneously diagnosed with metastatic oral cancer that spread to her neck. Ms. Kesler was able to place her family member on the Medicaid Waiver program for the last half year of her life and was a paid caregiver through the Waiver program. Ms. Kesler was the sole caretaker with minimal help from Hospice and learned how to do tube feedings along with feeding tube care, Metastatic cancer treatments (6-week transport) and wound care, medication administration, activities of daily living and companion activities and outings. Ms. Kesler also has experience working with individuals who have had a stroke, dementia, anxiety, COPD and alcoholism. Ms. Kesler also cared for two additional family members for a total of six years from 1990 through 1996.

The staffing pattern for the original license of this twelve bed facility is adequate and includes a minimum of one staff for twelve residents per shift. The applicant acknowledged that the staff to resident ratio may need to be adjusted 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.

Ms. Kesler 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. Kesler 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. Kesler 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 Ms. Kesler 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. Kesler 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. Kesler 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. Kesler 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. Kesler 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. Kesler 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. Kesler 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. Kesler 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. Kesler 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.

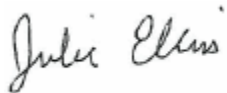
Ms. Kesler acknowledged that residents with mobility impairments will only reside on the main floor of the facility.

C. 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 medium adult foster care home with a capacity of twelve (12) residents.



08/21/2019

Julie Elkins
Licensing Consultant

Date

Approved By:



08/23/2019

Dawn N. Timm
Area Manager

Date