



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 22, 2018

Kirt Stauffer
Birch Meadows AFC, LLC
3805 Poplar Level Road
Louisville, KY 40213

RE: Application #: AL750389345
Birch Meadows AFC, Inc.
710 N. Douglas Avenue
Three Rivers, MI 49093

Dear Mr. Stauffer:

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 20 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 (269) 251-4091.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AL750389345
Licensee Name:	Birch Meadows AFC, LLC
Licensee Address:	11926 Anchor Ln Three Rivers, MI 49093
Licensee Telephone #:	269-816-3888
Licensee Designee:	Kirt Stauffer
Administrator:	Diane Stauffer
Name of Facility:	Birch Meadows AFC, Inc.
Facility Address:	710 N. Douglas Avenue Three Rivers, MI 49093
Facility Telephone #:	(502) 649-1715
Application Date:	07/14/2017
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

07/14/2017	On-Line Enrollment
07/18/2017	Inspection Report Requested - Health Inv. #1027214
07/19/2017	Contact - Document Sent Fire Safety String
07/19/2017	Contact - Document Sent Rule & Act booklets
07/19/2017	Application Incomplete Letter Sent App; rec cl, FP's, Livescan request for Kirt (LD); rec cl for Diane (Admin)
11/17/2017	Contact - Document Received Corrected app
01/16/2018	Contact - Document Received Rec cl & RI-030 for Kirt; rec cl for Diane (Admin)
01/17/2018	Contact - Document Sent Fire Safety String for new address
01/26/2018	Application Incomplete Letter Sent
10/17/2018	Inspection Completed On-site-Fire Safety: A
10/18/2018	Inspection Completed On-site
10/18/2018	Inspection Completed On-site-Env. Health: A
10/18/2018	Inspection Completed BCAL-Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility:

Birch Meadows AFC, Inc. is a ranch style home located in a suburban neighborhood, in the city of Three Rivers. The property is owned by the applicant Birch Meadows AFC, LLC. On file is proof of property ownership. The home is approximately 1.3 miles from Three Rivers Health Hospital and is within close proximity to several restaurants and stores. The home sits on 12 1/2 acres of private property adjacent to a local nature preserve. The applicant has a development agreement with the city of Three Rivers to provide 50' of river front access for the development of a community river walk. The home's main entrance leads past the on-site hair salon and into a large dining area adjacent to the kitchen and an outdoor dining area. Through this dining area is a large

community living area leading to an outside deck overlooking the preserve. Located off the left side of the living area is a hallway that leads to six private resident bedrooms and two semi-private resident bedrooms, as well as one community bathroom and one private bathroom. Located of the right side of the living area is a hallway that leads to eight private resident bedrooms and one semi-private resident room, as well as one community bathroom and a community library. This home is wheelchair accessible with four means of egress at ground level that do not include steps or risers. The means of egress are located at the main entrance, the dining area, and on the east and west exits of the home.

The home utilizes public water and public sewage. An on-site inspection verified that the home is in substantial compliance with all applicable environmental health administrative rules.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The home utilizes four gas furnaces and one sub-sonic fast recovery gas water heater located in the basement of the home. The basement is accessible from the west hallway and is separated from the main floor by 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. On file is written verification from a qualified inspection service verifying that the furnaces are in good working condition. The home is equipped with emergency back-up generators. Each resident bedroom is equipped with individualized climate control.

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. Smoke detectors are located near sleeping areas, in the kitchen and in the basement. An on-site inspection completed on 10/17/2018 by the Bureau of Fire Services verified that the home is in substantial compliance with all applicable fire safety administrative rules. This facility is equipped with an approved fire sprinkler system, wet/dry kitchen hood suppression system, and fire alarm panel system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' X 13'	143	1
2	11' X 13'	143	1
3	11' X 13'	143	1
4	11' X 13'	143	1
5	11' X 13'	143	1
6	11' X 13'	143	1
7, 8	18' X 13'	234	2
9, 10	18' X 13'	234	2
11	18' X 13'	234	1
12	11' X 13'	143	1
13	11' X 13'	143	1

14	11' X 13'	143	1
15	11' X 13'	143	1
16	11' X 13'	143	1
17, 18	13' X 18'	234	2
19	11' X 13'	143	1
20	24' 6" X 16' 6"	404	1

The indoor living and dining areas measure a total of 1807 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Birch Meadows AFC, LLC intends to provide 24-hour supervision, protection and personal care to twenty male and female ambulatory residents who are aged. The program will include personal care and medication assistance, housekeeping and laundry services, scheduled activities and group outings, and transportation to and from medical appointments. The applicant intends to accept residents from Senior Services or private pay individuals as a referral source.

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

Transportation will be provided during emergency situations and as agreed upon in each resident's Resident Care Agreement. The facility will make provisions 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 to improve the quality of life and personal independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Birch Meadows AFC, LLC which is a "For Profit Corporation", established in Michigan on 08/14/2017. 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.

The Board of Directors of Birch Meadows AFC, LLC has submitted documentation appointing Kirt Stauffer as licensee designee for this facility and Diane Stauffer as the administrator of the facility.

Criminal history background checks of the licensee designee and administrator were completed, and the licensee designee and administrator are determined to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Kirt Stauffer and Ms. Diane Stauffer have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Stauffer is currently the Licensee Designee and Administrator for another licensed AFC and has experience working with the aged population for over forty-five years. Mr. Stauffer has over twenty years' experience providing care to the aged population in the AFC owned and operated by Ms. Stauffer.

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

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 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. The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged 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.

The applicant 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, 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.

The applicant 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.

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

The applicant 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.

The applicant 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.

The applicant 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.

The applicant 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.

The applicant 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.

The applicant 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. The applicant acknowledged that residents with mobility impairments may 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.

III. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home with a capacity of twenty (20) residents.



10/17/2018

Eli DeLeon
Licensing Consultant

Date

Approved By:



10/22/2018

Dawn N. Timm
Area Manager

Date