



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 9, 2020

Jaci Johnson
N&B Ventures LLC
16950 Stuart Rd
Chesaning, MI 48616

RE: Application #: AS290402099
North Star AFC
4455 S Dean Rd.
Ithaca, MI 48847

Dear Ms. Johnson:

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) 284-9730.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS290402099
Licensee Name:	N&B Ventures LLC
Licensee Address:	16950 Stuart Rd Chesaning, MI 48616
Licensee Telephone #:	(517) 614-1244
Administrator/Licensee Designee:	Jaci Johnson
Name of Facility:	North Star AFC
Facility Address:	4455 S Dean Rd. Ithaca, MI 48847
Facility Telephone #:	(989) 875-8069 10/22/2019
Application Date:	
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

10/22/2019	On-Line Enrollment
10/23/2019	Contact - Document Sent- forms
11/06/2019	Contact - Document Received- forms1326, FPs, RI030
11/08/2019	Application Incomplete Letter Sent
11/25/2019	Inspection Completed-Env. Health : A
01/16/2020	Application Complete/On-site Needed
01/16/2020	Inspection Completed On-site Review of physical plant.
01/16/2020	Inspection Completed-BCAL Sub- Compliance
02/01/2020	Corrective Action Plan Requested and Due On
01/31/2020	Corrective Action Plan Received
01/31/2020	Corrective Action Plan Approved
02/20/2020	Inspection Completed-Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

North Star AFC is a bi-level home on six country acres located in rural North Star, Michigan, four miles south of Ithaca, MI. The upper level of the home will be utilized by live-in direct care staff members while the walk-out basement will be the primary living quarters for AFC residents. The walk-out basement is barrier free and wheelchair accessible with two approved means of egress that exit at ground level. Upon entering the facility, one is greeted by a beautiful three-seasons room through which one passes to enter the main living areas of the facility. There are two living room areas, six private bedrooms, four of which have private half baths, a dining room, kitchen, a full bath that is handicapped accessible with a walk-in shower and an additional half bath for all to access.

The North Star AFC home utilizes private water and sewage systems. The Mid-Michigan District Health Department conducted an inspection of both systems and found them to be in substantial compliance with the Environmental Health Rules on November 13, 2019.

The facility uses propane-forced heat for the furnace, while both facility water heaters are electric. The facility furnace and one water heater are located in the upstairs living

quarters in its own heating plan room that is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The facility has a second hot water heater that is located in the basement in a closet with the washer and dryer. Both the hot water heater and dryer are electric.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up, which was installed by Revolution Electric, LLC, a licensed electrician and is fully operational. The furnace has been inspected by Burford’s Plumbing and Heating, a licensed contractor on January 15, 2020 and was found to be safe and in working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	8’6’ X 9’4”	80.8 sq. ft.	1
Bedroom #2	8’6’ X 9’4”	80.8 sq. ft.	1
Bedroom #3	8’6’ X 9’4”	80.8 sq. ft.	1
Bedroom #4	8’6’ X 9’4”	80.8 sq. ft.	1
Bedroom #5	13’7” X 10’8”	147 sq. ft.	1
Bedroom #6	12’8” X 11’2”	140 sq. ft.	1

The indoor living and dining areas measure a total of 901 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 aged. The program will include social interaction through outings, board games, crafts, yard games, hairdresser and community activities brought into the facility. The applicant intends to accept referrals from private sources for payment, Veterans Administration, Medicaid Waiver, and other placing agencies

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior

approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public library, local museums and singing groups, churches, and community events/festivals, etc. these resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is N & B Ventures, LLC., a “For Profit Corporation”, established in Michigan 05/08/2019. 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 N & B LLC. has submitted documentation appointing Jaci Johnson as licensee designee and as the administrator of the facility.

Criminal history background checks of Jaci Johnson were completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Johnson submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Jaci Johnson has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Johnson has 10 years of experience overseeing assisted living facilities, residents, direct care staff members, managing budgets and implementing marketing strategies. Ms. Johnson has previously been a home manager and resident care coordinator in other facilities.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six 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 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 Ms. Johnson 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 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. Rules or 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, capacity of six residents.

Bridget Vermeesch

03/03/2020

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

03/09/2020

Dawn N. Timm
Area Manager

Date