



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 2, 2020

Bridget Lutzke  
CSM Alger Heights, LLC  
1019 28th St.  
Grand Rapids, MI 49507

RE: Application #: AL410398969  
Willow Creek - West  
61 Sheldon Ave. SE  
Grand Rapids, MI 49508

Dear Mrs. Lutzke:

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 (616) 356-0183.

Sincerely,

*Megan Aukerman, MSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410398969
<b>Applicant Name:</b>	CSM Alger Heights, LLC
<b>Applicant Address:</b>	1019 28th St. Grand Rapids, MI 49507
<b>Applicant Telephone #:</b>	(616) 229-0427
<b>Administrator/Licensee Designee:</b>	Bridget Lutzke
<b>Name of Facility:</b>	Willow Creek - West
<b>Facility Address:</b>	61 Sheldon Ave. SE Grand Rapids, MI 49508
<b>Facility Telephone #:</b>	(616) 229-0427
<b>Application Date:</b>	03/27/2019
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODOLOGY

03/27/2019	Enrollment
03/27/2019	Inspection Report Requested - Fire
03/27/2019	Contact - Document Sent Fire Safety String & Rule/ACT Books
03/27/2019	File Transferred to Field Office Grand Rapids
04/11/2019	Application Incomplete Letter Sent
10/14/2020	Inspection Completed On-site
10/14/2020	Inspection Completed-Env. Health : A
10/29/2020	Inspection Completed-Fire Safety : A
11/02/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The one story 20 bed facility was built specifically as an adult foster care home. It is a wood framed structure on a cement slab, located in the city of Grand Rapids. The facility is on one level and therefore is wheelchair accessible and it has (2) two means of egress. The facility consists of a large kitchen, dining room, living area and three full size bathrooms. The facility contains twelve resident bedrooms, all containing a half bath. The facility is barrier free and wheelchair accessible. The facility will utilize public water and sewage system.

The boiler and hot water heater are located on the main floor, in a mechanical room, that is constructed of materials that provide a 1 hour-fire-resistance with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware, in a fully stopped frame. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and is a sprinkler system installed throughout and there are heat detectors located in the attic of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' X 11'9"	119 sq. ft.	1
2	10'6" X 16'3"	173 sq. ft.	2

3	14'3" X 16'4"	235 sq. ft.	2
4	10'6" X 18'3"	194 sq. ft.	2
5	10'1" X 18'3"	185 sq. ft.	2
6	10'5" X 18'1"	190 sq. ft.	2
7	10'4" X 18'1"	188 sq. ft.	2
8	8'11" X 13'9"	113 sq. ft.	1
9	10'7" X 18'3"	196 sq. ft.	2
10	14'3" X 16'3"	233 sq. ft.	2
11	10'6" X 16'3"	172 sq. ft.	1
12	10'4" X 11'10"	115 sq. ft.	1

The living, dining, and sunroom areas measure a total of 1,309 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 twenty residents. It is the licensee's responsibility not to exceed the facility's license 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 twenty male or female adults, ambulatory or who use a wheelchair. These adults whose diagnosis Aged and Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents that are private pay individuals. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs as necessary, but they are not caring for the developmentally disabled or for the mentally ill.

The licensee will provide all transportation for program and activities. They will help to find transportation for Residents for medical needs, with the residents along with their family members. 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 CSM Alger Heights, LLC, Inc., which is a "For Profit Corporation" and a "Domestic Limited Liability Company," and it was established in Michigan, on 02/19/2019. 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.

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 20-bed facility is adequate and includes a minimum of 2 staff -to- 20 residents per shift. 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](http://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. The Licensee does not plan to manage any of the resident's, personal monies.

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.

#### **D. Rule/Statutory Violations**

The applicant is 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 large group home (capacity 20).

*Megan Aukerman, MSW*

11/02/2020

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Megan Aukerman  
Licensing Consultant

Date

Approved By:



11/02/2020

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Jerry Hendrick  
Area Manager

Date