



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 29, 2020

Megan Fry
MCAP Mt. Pleasant OPCO, LLC
Suite 115
21800 Haggery Rd
Northville, MI 48167

RE: Application #: AL370404604
Prestige Centre I
5785 E Broadway
Mt. Pleasant, MI 48858

Dear Ms. Fry:

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 (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 #: AL370404604

Applicant Name: MCAP Mt. Pleasant OPCO, LLC

Applicant Address: Suite 115
21800 Haggery Rd
Northville, MI 48167

Applicant Telephone #: (248) 773-4600

Licensee Designee: Megan Fry

Administrator: Laura Inman

Name of Facility: Prestige Centre I

Facility Address: 5785 E Broadway
Mt. Pleasant, MI 48858

Facility Telephone #: (989) 773-9421

Application Date: 05/15/2020

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODOLOGY

05/15/2020	Enrollment
05/27/2020	Application Incomplete Letter Sent 1326 & RI030 for Megan, AFC100 for Laura, Tax ID letter
05/27/2020	Inspection Report Requested - Fire
05/27/2020	Contact - Document Sent 1326, RI030, AFC100, Fire Safety String
08/25/2020	Inspection Completed-Fire Safety: A Used inspection from renewal of Life House.
09/15/2020	Contact - Document Sent Emailed 1326, RI030 & AFC100
09/16/2020	Contact - Document Received Tax ID Letter
09/23/2020	Contact - Document Received 1326 & RI030
09/23/2020	Lic. Unit file referred for background check review Referred to C. Pilarski for review
09/23/2020	Contact - Document Received AFC100 for Laura
09/30/2020	Application Incomplete Letter Sent
10/14/2020	Application Complete/On-site Needed
10/14/2020	Inspection Completed On-site Physical Plant Inspection and required paperwork received.
10/14/2020	Inspection Completed-BCAL Full Compliance Inspection Completed- Environmental Health: A rating

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Prestige Centre I is located in Mt. Pleasant, Michigan, situated on a large lot in Union Township. Prestige Centre I property is owned by MCAP Mt. Pleasant PROPCO LLC and leased to MCAP Mt. Pleasant OPCO, LLC. Prestige Centre I is attached to Prestige Centre II, a second twenty bed licensed AFC facility which is identical in design and capacity. The facility is a single story ranch in style on a cement slab with vinyl siding

and are connected by a breezeway located between the facilities. The connecting breezeway has an approved firewalls and appropriately rated fire doors. The Prestige Centre I has an open floor plan with a living room, dining area, commercial kitchen with a walk in pantry, laundry room, living room, two full bathrooms with showers and a half bathroom, beautician room, boiler room, and office. and eighteen separate bedrooms. Four of the bedrooms have full private bathrooms, two bedrooms have private half-baths, four bedrooms have Jack and Jill semi-private half-bathrooms bathrooms, two bedrooms have a sitting area with a full bathroom to share and six bedrooms have no bathrooms.

Prestige Centre I is heated with natural gas and serviced by public utilities-water/sewage. Prestige Center I boiler is located in a room that is constructed of material that has a 1-hour-fire-resistance rating and further protected by a fire rated door of 1 ¾ inch solid core door equipped with an automatic self-closing devise and positive latching door hardware. The capacity of this facility will enable 20 residents to utilize street level bedrooms with two exit doors at ground level leading onto a cement slab or into the parking lot. This facility is barrier free and wheelchair accessible with assurances of appropriate staffing.

Prestige Centre I 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 also fully sprinkled as required. Fire extinguishers and emergency evacuations routes have been posted throughout the facility. The facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on August 25, 2020.

An inspection pertaining to the administrative rules governing environmental health was conducted on 10/14/2020 by this consultant and the facility was found to be in substantial compliance with administrative rules pertaining to environmental health.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	23' X 10'	230 sq. ft.	2
3	23' X 9'	207 sq. ft.	1
5	23' X 8'6"	197.8 sq. ft.	1
6	23' X 10'6"	243.8 sq. ft.	2
8	23' X 9'2"	211.6 sq. ft.	1
10	23' X 8'5"	195.5 sq. ft.	1
11	13' X 8'9"	115.7 sq. ft.	1
12	13' X 8'2"	106.6 sq. ft.	1
14	13' X 8'4"	109.2 sq. ft.	1
15-Last room on left at end of hallway	13' X 8'2"	106.6 sq. ft.	1

16	13' X 11'4"	148.2 sq. ft	1
18	13' X 8'2"	106.6 sq. ft	1
19	13' X 8'6"	111.8 sq. ft	1
22	13' X 8'3"	107.9 sq. ft	1
23	13' X 8'2"	106.6 sq. ft	1
25	13' X 8'2"	106.6 sq. ft	1
30A	11' X 11'1"	122.1 sq. ft	1
30B	11' X 11'9"	130.9 sq. ft	1

The living and sitting room areas measure a total of 1134.4 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate 20 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 20 male and female residents who are aged-55 years and above, physically handicapped, and who have Alzheimer's Disease or related conditions. The program will include social interaction through activities at the facility, communal dining, community day programs. The applicant intends to accept referrals from Veterans Administration, Hospital, MI Choice-Medicaid Waiver, and residents with private sources for payment.

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 and nearby community resources for recreational activities including the public library, local museums, shopping centers, churches, and local festivals. Mt. Pleasant Michigan offers large city activities such as a casino, concerts, parks, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is MCAP Mt. Pleasant OPCO, LLC, a "For Profit Corporation", established in Michigan 02/24/2020. 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 MCAP Mt. Pleasant OPCO, LLC. has submitted documentation appointing Megan Fry as licensee designee for this facility and Laura Inman has been appointed as the administrator of the facility.

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

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Fry, been a licensee designee of a facility for one year, was an administrator for one and a half years and an activities director for one and a half years. Ms. Inman has three years' experience as a direct care staff, seven years as an activity's director and one year as an administrator.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of two staff for 20 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be changed 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 applicant acknowledge 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home with a capacity of 20 residents.

Bridget Vermeesch

10/20/2020

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

10/28/2020

Dawn N. Timm
Area Manager

Date