



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 2, 2020

Megan Fry
MCAP Holt Opco, LLC
Suite 115
21800 Haggerty Road
Northville, MI 48167

RE: Application #: AL330404596
Prestige Way #1
4300 Keller Road
Holt, MI 48842

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. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330404596
Applicant Name:	MCAP Holt Opco, LLC
Applicant Address:	Suite 115 21800 Haggerty Road Northville, MI 48167
Applicant Telephone #:	517-694-2020
Licensee Designee:	Megan Fry
Administrator:	Amanda Dunlap
Name of Facility:	Prestige Way #1
Facility Address:	4300 Keller Road Holt, MI 48842
Facility Telephone #:	(517) 694-2020
Application Date:	05/15/2020
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

03/19/2020	Inspection Completed-Fire Safety: A See AL330308015
05/15/2020	Enrollment
05/26/2020	Application Incomplete Letter Sent IRS ltr; 1326, RI-030, & FPs for Megan (LD); AFC100 for Amanda (Admin)
09/15/2020	Contact - Document Received 1326 & RI-030 for Megan (LD)
09/15/2020	Lic. Unit file referred for background check review Megan (LD) - RS
09/16/2020	Contact - Document Received IRS ltr
09/30/2020	Contact - Document Received Email from Dawn Timm re: zoning, floor plans, policies, and procedures
10/02/2020	Application Incomplete Letter Sent
10/09/2020	Inspection Completed On-site
10/12/2020	Contact - Document Received Email from Megan Fry re: BFS Inspection from previous license
10/12/2020	Contact - Document Received Email from Megan Fry re: admission/discharge policies, job descriptions, organizational chart, floor plan
10/12/2020	Contact - Document Received Email from Megan Fry re: program statement and refund policy
10/13/2020	Contact - Document Received Email from Jay Calewarts re: budget and floor plan
10/14/2020	Contact - Document Received Email from Megan Fry re: Lease Agreement and Zoning
10/19/2020	Contact - Document Received Email from Amanda Dunlap re: clarification on bathrooms
10/20/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Prestige Way #1 is a large, single story, ranch style facility located in the suburban, unincorporated community of Holt, Michigan. The facility is in the locale of several restaurants, parks, a library, a grocery store, and shopping plaza. The facility is currently licensed under #AL330308015 and approved for occupancy, as it is undergoing an ownership change.

The main floor of the facility has an open floor plan with a living room area, dining room, and activity/library area. This facility also has a hair salon, shower room, laundry area, half-bathroom for guests, nurses' station for medication, large office area, and a large commercially equipped kitchen with a separate pantry area for food storage. The facility has sixteen resident bedrooms for twenty residents: Six single-occupancy resident rooms with adjoining half bathrooms, six single occupancy resident rooms with a half bathroom, two double-occupancy rooms with an adjoining bathroom, one double-occupancy room with a half bathroom, and one double-occupancy room with a full bathroom. There is one shower room in the facility for residents. A variance was approved for the building with the applicant's assurance at least one additional shower room will be built within the first six-months of the temporary licensing time frame.

The building is at grade and wheelchair accessible with three keypad entrances/exits that require a passcode. The doors have delayed egress; depressing the push pad initiates an alarm and an irreversible 15-second delay before the magnetic lock releases, allowing exit through the doors. The gas heating plant and water heater are enclosed in a mechanical room by a 1 ¾ inch solid core door with an automatic self-closing device and positive latching hardware. The facility is cooled in warmer weather with central air conditioning.

The facility is equipped with sprinkler system and an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. On March 19, 2020, the facility was determined by the Bureau of Fire Services to follow all the applicable fire safety administrative rules. The home utilizes public water supply and sewage disposal.

Rooms were measured during the on-site inspection on October 9, 2020 and the following dimensions were documented.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
101	10'2" x 12'	122 square feet	1
102	10'2" x 11'9"	121 square feet	1
103	10'2" x 12'	122 square feet	1
104	10'2" x 12'	122 square feet	1
105	10'2" x 12'	122 square feet	1
106	9'9" x 12'	119 square feet	1

107	10'2" x 12'	122 square feet	1
108	10'2" x 12'	122 square feet	1
109	10'2" x 12'	122 square feet	1
110	10'2" x 12'	122 square feet	1
111	9'4" x 13'6"	127.9 square feet	1
112	11'9" x 17'8"	212.5 square feet	2
113	12' x 17'8"	214 square feet	1
114	11'9" x 16'8"	201.6 square feet	2
115	11'9" x 16'9"	201.6 square feet	2
116	11'9" x 16'9"	201.6 square feet	2
Living Room	27'3" x 42'6"	1,162.7 square feet	
Dining Room	14'3" x 27'3"	388.3 square feet	
Activity/Library Area	11'9" x 22'3"	391.2 square feet	

The indoor living, dining, and activity/library areas measure a total of 1,942.2 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

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

B. Program Description

Prestige Way #1 intends to provide 24-hour supervision, protection and personal care to 20 male and female residents who are aged and/or have been diagnosed with Alzheimer's disease or related conditions. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment, and transportation. The applicant intends to accept referrals from Department of Health and Human Services, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties or residents with private sources for payment.

The program statement for the Alzheimer's program was reviewed and approved. This facility will admit residents with Alzheimer's disease and other forms of dementia. The program statement states that the goal of this facility is to maintain the highest quality of care for the residents, which will be accomplished in a dignified manner within a safe and comfortable environment. This program will enhance physical, social, and cognitive abilities with an emphasis on meeting each individual's needs identified in their written assessment and care agreements. This facility is also equipped with alarmed doors deactivated with keypads to discourage elopement by residents and alert staff when elopement has occurred.

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 for recreational activities including the library, parks, churches, shopping centers, and grocery stores. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

C. Rule/Statutory Violations

The applicant is MCAP HOLT OPCO, LLC, a limited liability company that was incorporated on April 29, 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 Directors has submitted documentation appointing Megan Fry as Licensee Designee and Amanda Dunlap as Administrator of the facility, both who currently work in these capacities under the previous license number. Megan Fry holds a bachelor's degree in therapeutic recreation and has had experience with the aged and Alzheimer's population since 2013 in various facilities. Amanda Dunlap has a certificate as a medical assistant and has worked in direct care and management in adult foster care since 2010. The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

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 submitted statements from a physician documenting their good health and current negative tuberculosis test results.

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 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 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 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 acknowledge 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 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 (capacity 13-20).

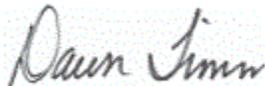


10/20/2020

Derrick Britton
Licensing Consultant

Date

Approved By:



11/02/2020

Dawn N. Timm
Area Manager

Date