



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 29, 2020

Marcia Curtiss  
MCAP Grand Rapids Opco, LLC  
Suite 115  
21800 Haggerty Rd.  
Northville, MI 48167

RE: Application #: AL410404570  
Addington Place of Grand Rapids Bay Pointe  
1171 68th Street S.E.  
Grand Rapids, MI 49508

Dear Mrs. Curtiss:

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,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 446-5764

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410404570
<b>Applicant Name:</b>	MCAP Grand Rapids Opco, LLC
<b>Applicant Address:</b>	Suite 115 21800 Haggerty Rd. Northville, MI 48167
<b>Applicant Telephone #:</b>	(248) 773-4600
<b>Administrator/Licensee Designee:</b>	Marcia Curtiss, Designee
<b>Name of Facility:</b>	Addington Place of Grand Rapids Bay Pointe
<b>Facility Address:</b>	1171 68th Street S.E. Grand Rapids, MI 49508
<b>Facility Telephone #:</b>	(616) 281-8054
<b>Application Date:</b>	05/15/2020
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL AGED

## II. METHODOLOGY

01/16/2020	Inspection Completed-Fire Safety : A Completed for Active License AL410302932 - ok to use per Lic Consultant
05/15/2020	Enrollment
05/22/2020	Application Incomplete Letter Sent Updated 1326/Fingerprint/RI 030 for Marcia Curtiss
09/14/2020	Contact - Document Received 1326/Fingerprint/RI 030 for Marcia Curtiss
09/15/2020	File Transferred to Field Office Grand Rapids
09/18/2020	Inspection Completed On-site
09/18/2020	Inspection Completed-Env. Health : A
09/21/2020	Comment File rec'd in GR

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is included in a complex of four facilities owned by the MCAP Grand Rapids Opco, LLC. It was previously licensed as Addington Place Grand Rapids Bay Pointe under previous owner, Lifehouse Crystal Manor Operations, LLC, license number AL410302932. The campus consists of two twin twenty bed facilities. The four facilities are located on a large tree lined lot with a pond that is located on the property.

This facility is a single-story brick structure located in a residential neighborhood. The building contains twenty (20) residential bedrooms. Each bedroom has an attached bathroom. Twelve bedrooms are equipped with full bathrooms. Eight bedrooms are equipped with half bathrooms. Four of the bathrooms are barrier free. The facility contains a full handicap accessible bathroom located off the corridor. Adequate bathing facilities are available to accommodate the needs of the residents. The facility also contains a living room, dining room, utility kitchen, staff office, laundry, full handicap accessible bathroom, and a utility room. The facility is wheelchair accessible as there are two approved means of egress from the home. Public water and septic systems are utilized by this facility.

The gas boiler and hot water heater are located in a separate room constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-

latching hardware. The utility room in this building contains the boiler and hot water system that provides service to both facilities in this twin twenty (20) facility. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15.08 x 15.58 -5.58 x 5.66	203	1
2	15.08 x 15.58 -5.58 x 5.66	203	1
3	15.08 x 15.58 -5.58 x 5.66	203	1
4	15.08 x 15.58 -5.58 x 5.66	203	1
5	15.08 x 15.58 -5.58 x 5.66	203	1
6	15.08 x 15.58 -5.58 x 5.66	203	1
7	15.08 x 15.58 -5.58 x 5.66	203	1
8	15.08 x 15.58 -5.58 x 5.66	203	1
9	15.08 x 15.58 -5.58 x 5.66	203	1
10	15.08 x 15.58 -5.58 x 5.66	203	1
11	15.08 x 15.58 -5.58 x 5.66	203	1
12	15.08 x 15.58 -5.58 x 5.66	203	1
13	15.08 x 15.58 -5.58 x 5.66	203	1
14	15.08 x 15.58 -5.58 x 5.66	203	1
15	15.08 x 15.58 -5.58 x 5.66	203	1
16	15.08 x 15.58 -5.58 x 5.66	203	1
17	15.08 x 15.58 -5.58 x 5.66	203	1
18	15.08 x 15.58 -5.58 x 5.66	203	1
19	15.08 x 15.58 -5.58 x 5.66	203	1

20	15.08 x 15.58 -5.58 x 5.66	203	1
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The living, dining, and sitting room areas measure a total of 896 square feet which 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**

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 (20) male or female ambulatory or non-ambulatory adults whose diagnosis is aged or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept private pay individuals.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of the 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's budget statements submitted to operate the adult foster care facility.

The applicant is MCAP Grand Rapids Opco, LLC, which is a Domestic Limited Liability Company, was established in Michigan in 3/9/2020. 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 members of MCAP Grand Rapids Opco, LLC have submitted documentation appointing Marcia Curtiss as Licensee Designee for this facility and Kevin Hagler as the Administrator of the 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 3 staff to 20 residents per daytime shift and 1 staff to 20 resident ratio on sleeping shifts. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges that t no time will this facility rely on “roaming” staff or staff that are on duty and working at another facility to be considered part of this facility’s staf 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 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 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 and all of the residents personal money transactions that have been agreed to be managed by the applicant.

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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **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).

 October 27, 2020

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Rebecca Piccard  
Licensing Consultant

Date

Approved By:

 October 29, 2020

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Jerry Hendrick  
Area Manager

Date