



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 28, 2020

Marcia Curtiss
MCAP Buchanan Opco, LLC
Ste 115
21800 Haggerty Road
Northville, MI 48167

RE: Application #: AL110404615
Buchanan Meadows Living Ctr #2
809 Carrol Street
Buchanan, MI 49107

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL110404615
Applicant Name:	MCAP Buchanan Opco, LLC
Applicant Address:	Ste 115 21800 Haggerty Road Northville, MI 48167
Applicant Telephone #:	(269) 695-6655
Administrator:	Kristin Baker
Licensee Designee:	Marcia Curtiss
Name of Facility:	Buchanan Meadows Living Ctr #2
Facility Address:	809 Carrol Street Buchanan, MI 49107
Facility Telephone #:	(269) 695-6655
Application Date:	05/15/2020
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

05/07/2020	Inspection Completed-Fire Safety : A See AL110081160
05/15/2020	Enrollment
05/28/2020	Application Incomplete Letter Sent IRS ltr; 1326, RI-030 & FPs for Marcia (LD); AFC 100 for Kristin (Admin)
09/15/2020	Contact - Document Received 1326 & RI-030 for Marcia (LD); AFC 100 for Kristin (Admin)
09/16/2020	Contact - Document Received IRS ltr
09/23/2020	Application Incomplete Letter Sent
10/13/2020	Contact - Document Received -Floor Plan
10/13/2020	Contact - Document Received -Financial Statements
10/14/2020	Contact - Document Received -Lease Agreement.
10/14/2020	Contact - Document Received -Zoning Approval, City of Buchanan, 02/27/2020.
10/15/2020	Contact - Document Received -Medical Clearance and TB Results, Kristin Baker
10/20/2020	Contact - Document Received -Medical Clearance and TB Results, Marcia Curtiss.
10/20/2020	Contact - Document Received -Program Statement.
10/20/2020	Inspection Completed BCAL-Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The one story 20 bed facility is a ranch style, wood framed structure on a cement slab, located in the city of Buchanan. This facility is less than six miles from Lakeland hospital and less than one mile from the nearest church and numerous restaurants and stores. The main floor entrances and exits to the home are at ground level and do not include steps or risers. The main floor is wheelchair accessible and houses resident bedrooms that are also wheelchair accessible with two means of egress. The facility utilizes public water and public sewage system. An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules.

The facility's main entrance leads into a shared great room equipped with an aviary. Accessible from the great room are four separate dining rooms, each equipped with a kitchenette. Adjacent to each dining area is a sitting room accessible by five private resident bedrooms, each equipped with their own private half bathroom. The facility has twenty private resident bedrooms and twenty half bathrooms and four shower rooms.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The home utilizes a tankless water heater with holding tank and three furnaces that are in a mechanical room accessible from the exterior of the facility. This mechanical room is equipped with a 1 ¾-inch solid wood core door, installed in a substantially fully stopped wood frame creating floor separation. Three additional furnaces are in a second mechanical room accessible from the exterior of the facility. This mechanical room is equipped with a 1 ¾-inch solid wood core door, installed in a substantially fully stopped wood frame creating floor separation. On file is written verification from a qualified inspection service verifying that the tankless water heater and furnaces are in good working condition.

The facility is equipped with single-station, battery-operated smoke detectors located near sleeping areas and kitchens and is fully sprinkled. An on-site inspection completed on 05/07/2020 by the Bureau of Fire Services verified that the home is in substantial compliance with all applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'2" X 11'10"	155	1
2	12'2" X 12'5"	151	1
3	11'11" X 12'2"	144	1
4	13'6" X 11'5"	154	1
5	12'8" X 12'6"	158	1
6	12'8" X 12'6"	158	1
7	13'6" X 11'5"	154	1
8	11'11" X 12'2"	144	1
9	12'2" X 12'5"	151	1
10	13'2" X 11'10"	155	1
11	13'2" X 11'10"	155	1
12	12'2" X 12'5"	151	1
13	11'11" X 12'2"	144	1
14	13'6" x 11'5"	154	1
15	12'8" X 12'6"	158	1
16	12'8" X 12'6"	158	1
17	13'6" X 11'5"	154	1
18	11'11" X 12'2"	144	1
19	12'2" X 12'5"	151	1
20	13'2" X 11'10"	155	1

The indoor living, dining, and great room areas measure a total of 2555 square feet of living space. This meets/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, MCAP Buchanan Opco, LLC., intends to provide 24-hour supervision, protection, and personal care to 20 male or female adults who are ambulatory and/or regularly require the use of a wheelchair or are diagnosed with Alzheimer's or the Aged, 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.

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, and only with the prior approval of the resident, guardian, and the responsible agency.

Transportation will be provided during emergency situations and as agreed upon in each resident's Resident Care Agreement. The facility will make provisions 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 to improve the quality of life and personal independence of residents.

C. Applicant and Administrator Qualifications

The applicant is MCAP Buchanan Opco, LLC., which is a "For Profit Corporation" and a "Foreign Limited Liability Company," and established in Michigan on 03/02/2020. 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 of MCAP Buchanan Opco, LLC. has submitted documentation appointing Marcia Curtiss as licensee designee for this facility and Kristin Baker as the administrator of the facility.

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

Ms. Curtiss and Ms. Baker have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. They are both currently Licensee Designee and Administrator for other licensed AFC facilities and have been for several years.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff for 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 acknowledges 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) 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 designee 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 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 six-month temporary license to this adult foster care small group home with a capacity of 20 residents.



10/21/2020

Eli DeLeon
Licensing Consultant

Date

Approved By:



10/28/2020

Dawn N. Timm
Area Manager

Date