



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 22, 2021

Laura Esese  
Dignified Care LLC  
3640 Bramblebery DR Nw  
Comstock Park, MI 49321

RE: Application #: AS410406418  
Chalet Home  
4711 Chalet Ln SW  
Wyoming, MI 49519

Dear Ms. Esese:

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 6 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 cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410406418

**Licensee Name:** Dignified Care LLC

**Licensee Address:** 3640 Bramblebery DR Nw  
Comstock Park, MI 49321

**Licensee Telephone #:** (616) 856-9191

**Administrator/Licensee Designee:** Laura Esese, Designee

**Name of Facility:** Chalet Home

**Facility Address:** 4711 Chalet Ln SW  
Wyoming, MI 49519

**Facility Telephone #:** (616) 856-9191

**Application Date:** 11/13/2020

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

## II. METHODOLOGY

11/13/2020	On-Line Enrollment
11/17/2020	File Transferred to Field Office Grand Rapids
11/30/2020	Application Incomplete Letter Sent
02/18/2021	Application Complete/On-site Needed
02/19/2021	Inspection Completed On-site
02/19/2021	Inspection Completed-BCAL Full Compliance
02/19/2021	Inspection Completed-Env. Health : A
02/19/2021	Inspection Completed-Fire Safety : A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Dignified Care Chalet Home, which is located at 4711 Chalet Ln SW, Wyoming, Kent County, Michigan, is owned by Dignified Care LLC. The home is a one-story ranch home that sits in a suburban neighborhood. The facility has brick and vinyl siding. There is an attached two-car garage and ample parking for four vehicles. The home contains four resident bedrooms, one full bathroom, one half bath/laundry room, kitchen, dining room, and a living room on the main level. There are handrails where required. This facility utilizes public sewer and water systems.

The hot water heater, washer and dryer are located in a room in the lower level of the facility. The door to the lower level is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. 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, which was tested upon the final inspection on 02/19/2021 and worked properly. There are at least two operable A-B-C fire extinguishers attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14 X11	154	2
2	14 X11.04	154.56	2

3	11 X 9	99	1
4	17.4 X 13.4	233.16	2

**Total Capacity: 6**

The living and dining room areas measure a total of 355 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

**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 **six** male and/or female adults aged 18 years and older, aged, mentally impaired, developmentally disabled, and those who may be diagnosed with dementia, including Alzheimer's, in the least restrictive environment possible. An acceptable Alzheimer's statement has been submitted. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The facility will provide transportation to residents. Emergency transportation needs will be fulfilled through ambulance services.

**C. Applicant and Administrator Qualifications**

Laura Esese is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for Ms. Esese were completed with no restrictions noted on either. Her TB-tine results were negative.

Ms. Esese has 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 six-bed facility is 1-staff- to-6 residents.

The applicant acknowledges an understanding of the training and qualification 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)), Identogo, 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 Ms. Esese, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee’s file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend the issuance of an original/temporary license.



02/22/2021

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Toya Zylstra  
Licensing Consultant

Date

Approved By:



02/22/2021

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Jerry Hendrick  
Area Manager

Date