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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 21, 2021

Keyur Patel Collaborative Care Partners Inc 10900 James Way Portage, MI 49002

RE: Application #: AL030406376

Stanford Lodge 409 Naomi Street Plainwell, MI 49080

Dear Mr. Patel:

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,

Ian Tschirhart, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

(616) 644-9526

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL030406376
Licensee Name:	Collaborative Care Partners Inc
Licensee Address:	10900 James Way Portage, MI 49002
Licensee Telephone #:	(269) 718-2745
Licensee Designee:	Keyur Patel
Administrator:	Keyur Patel
Name of Facility:	Stanford Lodge
Facility Address:	409 Naomi Street Plainwell, MI 49080
Facility Telephone #:	(269) 718-2745
Application Date:	11/10/2020
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

01/06/2020	Inspection Completed-Fire Safety: A
11/10/2020	On-Line Enrollment
12/01/2020	Contact - Document Received App; 1326, RI-030, & AFC100 for Keyur (LD & Admin)
12/03/2020	Contact - Document Received IRS letter
12/18/2020	Application Incomplete Letter Sent
01/18/2021	Application Complete/On-site Needed
01/19/2021	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Stanford Lodge is located at 409 Naomi Street, Plainwell, Allegan County, Michigan. There were two previous owners that owned and operated a licensed Adult Foster Care at this address, the first one from June 29, 1997 to May 18, 2018, and the second from May 18, 2018 to the issuance of this current license. The new licensee, Collaborative Care Partners Inc., leases this building from the JAI CHAMUNDA PROPERTY 2 LLC. Both companies are owned by Keyur Patel.

This facility contains 20 bedrooms, each with its own full bathroom. There is also a day room, an office, kitchen, laundry room, utility room, hair salon, sitting room, and dining room. There is no basement or upper level. The building has four exits and is wheelchair accessible throughout. The building is on a campus of other medical buildings, including Borgess-Pipp Hospital, and there is ample parking in front of the building. The hot water heater, washer, and dryer are located in a room that 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 01/19/2021 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.

All 20 of the resident bedrooms have the same measurements, which are 11'2" X 14'6" for a total of 161 square feet per room. Each room will be a private room (one resident per room).

The living and dining room areas measure a total of 999 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. The Licensing Consultant performed an environmental health inspection on 01/19/2021 and found the facility to be in full compliance.

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.

Full fires safety approval was granted by the Bureau of Fire Services on January 6, 2020 for this building to be used as a large Adult Foster Care facility.

Stanford Lodge utilizes public water and sewer services. A letter from the City of Plainwell was submitted to the licensing consultant on December 28, 2020 verifying that Stanford Lodge was granted conforming use and structure approval under the City's zoning ordinance.

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 male and/or female adults aged 55 to 99 years in the least restrictive environment possible.

The home is fitted with approved wheelchair ramps and has 36- inch door widths to accommodate wheelchair accessibility throughout the home.

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. Stanford Lodge will not provide transportation to residents.

Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or the facility will provide

transportation for a charge of \$25 per hour. The applicant understands that notice of this charge needs to be included in the Resident Care Agreement.

C. Applicant and Administrator Qualifications

Keyur N. Patel is the Licensee Designee and the Administrator for this facility. Medical and Record Clearance requests Mr. Patel were completed with no restrictions noted on either. His TB-tine results were negative. Mr. Patel 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 twenty-bed facility is two staff members on duty from 7 a.m. to 3 p.m. Sunday through Saturday; two staff members on duty from 3 p.m. to 11 p.m. Sunday through Saturday; and one staff member on duty from 11 p.m. to 7 a.m. Sunday through Saturday. The Manager will also be available to assist the direct care staff during 1st shift as needed.

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 has identified two staff members who have been trained in safe food handling, Chelsea Detman and Shelley Hurd.

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), 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 to be competent can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart 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 6 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 issuance of a temporary license to this AFC adult large group home (capacity 20).

January 21, 2021

lan Tschirhart

Date

Licensing Consultant

Approved By:

January 21, 2021

Date

Jerry Hendrick Area Manager