

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 26, 2021

James Maxson Grand Vista Properties, LLC 13711 Lyopawa Island Coldwater, MI 49036

> RE: Application #: AL120405135 Grand Vista Properties II 300 Vista Drive Coldwater, MI 49036

Dear Mr. Maxson:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (313) 456-0380.

Sincerely,

Maktina Bubatius

Mahtina Rubritius, Licensing Consultant Bureau of Community and Health Systems 301 E. Louis Glick Hwy Jackson, MI 49201 (517) 262-8604

Enclosures

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

I. IDENTIFYING INFORMATION

License #:	AL120405135
Licensee Name:	Grand Vista Properties, LLC
Licensee Address:	13711 Lyopawa Island Coldwater, MI 49036
Licensee Telephone #:	(517) 227-5225
Administrator/Licensee Designee:	James Maxson
Name of Facility:	Grand Vista Properties II
Facility Address:	300 Vista Drive Coldwater, MI 49036
Facility Telephone #:	(517) 227-5225
Application Date:	07/27/2020
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

07/27/2020	On-Line Enrollment
08/03/2020	Contact - Document Received App; 1326 & AFC100 for James (LD & Admin)
08/04/2020	Contact - Document Received IRS letter
08/19/2020	Contact - Document Sent Fire Safety String
09/10/2020	Application Incomplete Letter Sent
02/10/2021	Application Complete/On-site Needed
02/10/2021	Inspection Completed On-site
02/10/2021	Inspection Completed-BCAL Sub. Compliance
02/10/2021	Inspection Completed-Environmental Health: A
02/18/2021	Inspection Completed-Fire Safety: A
02/23/2021	Contact - Document Received - Corrective Action Plan received
04/26/2021	Inspection Completed-BCAL Full Compliance
04/26/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a stick built, one-story, ranch style home on a cement slab. The facility was built in 2021 and is located within the city limits of Coldwater, Michigan. The owner of the property is Grand Vista Properties, LLC.

The living areas of the facility includes a kitchen, breakfast bar, a dining room, living room, T.V. lounge room, a library, media center, an activities room, beauty salon and a courtyard.

The facility is wheelchair accessible. It has three approved means of egress, two of which are equipped with cement walkways.

There are 20 resident bedrooms and 21 full bathrooms (one common bathroom). Each resident will be provided with a key to their bedroom and staff will have a master key, on their person, in case of an emergency.

The home utilizes a public water supply and sewer disposal.

The gas furnaces, water heaters, and dryers are located on the main level of the facility and are in a room that is constructed of materials that provide a 1-hour-fire resistant rating with approved steel doors, in a fully stopped frame, which are equipped with an automatic self-closing device and positive-latching hardware.

The heating and cooling systems have been inspected, they are operational and functioning correctly.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up; which was installed by a licensed electrician and is fully operational. The facility is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in full compliance with the applicable fire safety administrative rules.

The facility provides private rooms, including studio and one bedroom living quarters. All bedrooms are equipped with a kitchenette, microwave, a small refrigerator, sink and a full bathroom.

The studio bedrooms measure approximately 142 Sq. Ft., and the one bedroom's measure approximately 199 Sq. Ft. The following rooms are one bedroom's: 1, 2, 9, 10 and 11-20. Bedroom's 3, 4, 5, 6,7, and 8 are studio bedrooms.

The common areas of the home were measured and have the following dimensions:

Living Room	35'9" x 15'7" = 557 Sq. Ft.
Dining Room	31'7" x 19'10" = 626 Sq. Ft.
Activities Room	19' x 17' =323 Sq. Ft.

The indoor living and dining areas 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

The applicant intends to provide 24-hour supervision, protection, and personal care, to 20 male or female residents who are aged, and are ambulatory, semi-ambulatory, or non-ambulatory; and that are not in need of skilled nursing care.

The program was designed to enhance the quality of life and independence of today's seniors. This program will include personalized care including assistance with activities of daily living, personal adjustment, independent living skills, social interaction, and opportunities for involvement in local educational and day programs. The facility will provide transportation through the local BETA Bus Transportation Department. The applicant intends to accept referrals from Choice Connections and residents with private sources for payment.

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

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the senior center, movie theater, churches, and shopping center, which is within a one-mile radius of the facility. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is "Grand Vista Properties, L.L.C.," a "Domestic Limited Liability Company," established in Michigan on June 12, 2017. The applicant is currently operating another licensed facility, Grand Vista Properties (AL120406800).

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. Mr. James L. Maxson is the sole member of "Grand

Vista Properties, L.L.C." and he has submitted documentation appointing himself as the licensee designee and the administrator of this facility.

A criminal history background check of Mr. James Maxson was completed, and he is determined to be of good moral character to provide licensed adult foster care. Mr. James Maxson submitted statement from a physician documenting his good health and current negative tuberculosis test results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Mr. James Maxson attended Eastern Michigan University and he received a Bachelor's Degree in Business Administration in 1984. He has several years' experience working in sales management, marketing, finance, accounting, and customer service. Mr. James Maxson has also been a primary caregiver for many relatives and close friends for the past several years. Mr. James Maxson has assisted these elderly individuals to regular and on-going medical checkups, cancer treatments, prepared meals, administered medications, and he is available to respond in case of an emergency. He also has experience working in and operating a licensed adult foster care home.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff for 20 residents during the daytime shifts, and 1 to 20 during the sleeping hours. The applicant acknowledged that the staff to resident ratio may need to be increased 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 acknowledged 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 (<u>https://miltcpartnership.org</u>) 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 or licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medications will be stored in a locked

medication room 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 acknowledged 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 of 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 residents' 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.

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 six-month temporary license to this adult foster care large group home with a capacity of 20.

Maktina Rubertius

4/26/2021

Mahtina Rubritius Licensing Consultant Date

Approved By:

4/26/2021

Date

Ardra Hunter Area Manager

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