



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 21, 2021

Laurie Labie  
Enriched Living, LLC  
242 Highlander Dr. N.E.  
Rockford, MI 49341

RE: Application #: AS590406991  
**Enriched Living - Legion**  
**344 Legion St**  
**Howard City, MI 49329**

Dear Ms. Labie:

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. If 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 cursive script that reads "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5607

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS590406991
<b>Licensee Name:</b>	Enriched Living, LLC
<b>Licensee Address:</b>	242 Highlander Dr. N.E. Rockford, MI 49341
<b>Licensee Telephone #:</b>	(586) 295-1674
<b>Licensee Designee:</b>	Laurie Labie
<b>Administrator:</b>	Laurie Labie
<b>Name of Facility:</b>	Enriched Living - Legion
<b>Facility Address:</b>	344 Legion St Howard City, MI 49329
<b>Facility Telephone #:</b>	(586) 295-1674
<b>Application Date:</b>	01/13/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

01/13/2021	On-Line Enrollment
01/25/2021	Contact - Document Received 1326/Fingerprint/RI 030 for Laurie Labie
01/25/2021	File Transferred To Field Office- Lansing
02/25/2021	Application Incomplete Letter Sent
03/11/2021	Inspection Completed-BCAL Full Compliance Need environmental inspection for private water/private sewage
03/16/2021	Inspection Report Requested - Health
03/29/2021	Inspection Completed-Env. Health: A
03/29/2021	Inspection Completed- BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a single level ranch style home located Howard City, Michigan which is a rural area of Montcalm County. The facility consists of a living room, four resident bedroom, two full bathrooms, a laundry room, one covered porch in the rear of the facility, a kitchen with an attached eating area and a living room. One of the full resident bathrooms is located in one of the private resident bedrooms and will only be used by the resident living in that bedroom. The facility is wheelchair accessible on ground level. The facility has two approved exits that lead directly outside. The facility utilizes private water and private sewage. An Environmental Health Inspection was completed on 03/29/2021 by the Mid-Michigan-Health Department and the facility was determined to be in substantial compliance with applicable environmental health rules. The kitchen and bathroom water temperatures in the facility measured between 105- and 120-degrees Fahrenheit at the time of the on-site inspection.

The facility does not have a basement. The washer and dryer are in a room that is constructed with a 1-hour fire resistance material and has a 1¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware as well as a smoke detector. The dryer is vented outside with a metal vent. The gas furnace and hot water are also located in a room that is constructed with a 1-hour fire resistance material and has a 1¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected hardwire smoke detection system, with battery back-up, which was installed by licensed electrician, Joel Elderkin with Fire Fighter Sales and Service, Inc on 02/12/2021.

Resident bedrooms have the following dimensions:

Bedroom#	Room Dimensions	Total Square Footage	Total Resident Beds
1	15x12	180	1- Private
2	13.5 x 12	162	1- Private
3	15 x 14	210	2- Shared
4	14 x 13.5	189	2 - Shared

**Total capacity: 6**

The living area measures a total of 238 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 **six (6)** male or female adults whose diagnosis is mental illness, developmentally delayed, aged, or traumatic brain injured in the least restrictive environment possible. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The program will include social interaction skills, personal hygiene, personal adjustment skills, recreational therapy, and services to prevent premature institutionalization, minimize sedentary existence and isolation. Provisions for a variety of leisure and recreational equipment will be made for the resident use. This facility will utilize local community resources including public schools, libraries, day programs, museums, shopping centers and local parks.

A personal behavior plan will be designed and implemented individually, for each resident's social and behavioral developmental needs. Visiting medical, wound care, and podiatry services will be made available to the residents. Facility staff will transport residents to community outings and medical appointments.

If required, behavioral intervention and crisis intervention program will be developed as identified in the resident's assessment plan. These programs shall be implemented by trained staff, with the prior approval of the resident, guardian, and the responsible agency. The applicant will have a minimum of two staff per waking hours and one non-sleeping staff during sleeping hours. The applicant will increase direct care staff in the event of an increase in the level of protection, or personal care required by a resident.

### **C. Applicant/Licensee Designee Qualifications:**

The applicant is Enriched Living, LLC, which is a “Domestic Nonprofit Corporation” established in Michigan on 04/12/2016. 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. This property is owned Maria Labie who has had granted permission for the property to be used as an AFC and inspected by LARA and its representatives.

The board members of Enriched Living, L.L.C. have submitted documentation appointing Laurie Labie as Licensee Designee and Administrator for this facility. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and administrator Ms. Laurie Labie. Ms. Labie as licensee designee and administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-negative testing results.

The licensee designee and administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Labie has multiple AFC facilities that are currently licensed and in good standing. She has multiple years of experience working with individuals diagnosed with developmental disabilities, mental illness, traumatic brain injury and/or those are aged. Ms. Labie has an extensive admission process in place to assure the compatibility of residents with varying needs and to assure direct care staff members are adequately trained to provide appropriate care to residents in all program categories.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff per waking hours and one non-sleeping staff during sleeping hours. The applicant will increase direct care staff in the event of an increase in the level of protection, or personal care required by a resident. The applicant has indicated direct care staff members 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 ([www.miltcpartnership.org](http://www.miltcpartnership.org)) 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 designee will

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 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 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.

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

**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 temporary license to this AFC adult small group home with a capacity of six residents.



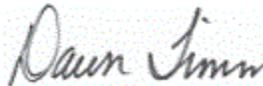
04/22/2021

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Dawn Campbell  
Licensing Consultant

Date

Approved By:



04/22/2021

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Dawn N. Timm  
Area Manager

Date