



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 25, 2021

Lori Costanza  
4768 River Rd.  
Sodus, MI 49126

RE: Application #: AS110408598  
STATELY LIVING 2  
3531 Niles Rd.  
St. Joseph, MI 49085

Dear Lori Costanza:

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 that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa Ave NW, 7<sup>th</sup> Floor-Unit 13  
Grand Rapids, MI 49503  
(269) 615-5050

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS110408598
<b>Licensee Name:</b>	Lori Costanza
<b>Licensee Address:</b>	4768 River Rd. Sodus, MI 49126
<b>Licensee Telephone #:</b>	(269) 757-1504
<b>Administrator:</b>	Lori Costanza
<b>Licensee Designee:</b>	Lori Costanza
<b>Name of Facility:</b>	STATELY LIVING 2
<b>Facility Address:</b>	3531 Niles Rd. St. Joseph, MI 49085
<b>Facility Telephone #:</b>	(269) 757-1504
<b>Application Date:</b>	05/11/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

05/11/2021	On-Line Enrollment
07/01/2021	Contact - Document Received 1326/Fingerprint/RI 030 for Lori Costanza
07/01/2021	Application Incomplete Letter Sent Verification of Fed ID #
08/04/2021	Contact - Document Received Verification of Tax ID number as Sole Proprietor
08/04/2021	File Transferred To Field Office GR via SharePoint
08/04/2021	Application Incomplete Letter Sent
09/24/2021	Contact- Document Received
09/24/2021	Inspection Completed On-site
10/20/2021	Inspection Completed- BCAL Full Compliance
10/21/2021	Contact- Document Received

### **A. Physical Description of Facility**

This ranch style home is located in St. Joseph, MI off of M-63 in Northwestern Berrien County. The home is a stick-built construction with a full basement/lower level. The lower level will not be utilized by residents and will be primarily for storage and the heat plant of the home.

The front of the home has a ramp that leads to the entrance of the home. Upon entering through the front of the home, there is a small room which will be utilized by staff. Through that room is a corridor that connects to two private bedrooms and one semi-private bedroom. There is also a full bathroom for resident use. Through the corridor, there is another full bathroom and two private resident rooms. At the end of the corridor is the living room, kitchen, and dining room as one large open area. There is a full laundry room off the dining room and a half bathroom next to the laundry room. There is also an entrance/exit on the back side of the home past the open dining and living area. This exit also has a ramp. Due to having ramps at both means of egress on the main level, the facility is wheelchair accessible. The home uses public water and sewer.

The gas furnace and hot water heater are located in the lower level in a room with a 1 3/4 inch solid core door, in a fully stopped frame, equipped with an automatic self-closing device and positive latching hardware providing and enclosed heat plant. 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. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	12' x 12' 11"	155	1
# 2	12' 7" x 10' 6"	132	1
# 3	15' 7" x 15' 10"	247	2
# 4	10' 10" x 10' 11"	118	1
#5	9' 4" x 10' 1"	94	1

The living, and dining, areas measure a total of 600 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 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 intends to provide 24-hour supervision, protection, and personal care to six male or female ambulatory or non-ambulatory adults whose diagnosis is physically handicapped, aged, and/or traumatically brain injured, in the least restrictive environment possible. Ms. Costanza agreed to provide care only for the populations she is licensed for. 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. The applicant intends to accept private pay individuals as a referral source.

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

The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including shopping centers, community centers, and local parks. The applicant intends to accept private-pay residents from a variety of sources. The licensee will provide transportation for medical appointments on a fee-for-service basis. The home also is served by local public transportation.

### **C. Applicant and Administrator Qualifications**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from operation of another adult foster care facility.

A background check was conducted and determined that Mrs. Costanza, the applicant/licensee/administrator, is of good moral character and eligible for employment in a licensed adult foster care facility. Mrs. Costanza submitted a statement(s) from a physician documenting her good health and current TB-tine negative results. She has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Mrs. Costanza, is a registered nurse and completed her nursing degree in 2001 and has worked in a variety of nursing capacities since that time including in the emergency room. She has owned and operated her own private duty nursing company since 2009, where she and her staff have provided in-home care to over 300 clients who are elderly, physically handicapped and persons with traumatic brain injury, up to and including 24-hour care. She has been a certified CPR and First Aid instructor since 2013. She has also successfully served as licensee to another adult foster care facility since 2017.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six 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 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)) 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, 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, 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 and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

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

**III. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home capacity 6.

*Cassandra Duursma*

10/22/2021

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Cassandra Duursma  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

10/25/2021

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Jerry Hendrick  
Area Manager

Date