



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 21, 2021

Garth Hutton
G&O Enterprise LLC
1404 Territorial Road W.
Battle Creek, MI 49015

RE: Application #: AL130407342
Parkview Residence
1404 Territorial Road W.
Battle Creek, MI 49015

Dear Mr. Hutton:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 350-6286

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL130407342
Applicant Name:	G&O Enterprise LLC
Applicant Address:	5455 S. MLK Blvd. Lansing, MI 48911
Applicant Telephone #:	(408) 921-7062
Licensee Designee:	Garth Hutton
Administrator:	Garth Hutton
Name of Facility:	Parkview Residence
Facility Address:	1404 Territorial Road W.B Battle Creek, MI 49015
Facility Telephone #:	(269) 964-8125 01/29/2021
Application Date:	
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS

II. METHODOLOGY

01/29/2021	Enrollment
02/22/2021	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Garth Hutton
02/22/2021	Inspection Report Requested - Fire
02/22/2021	Contact - Document Sent-Fire Safety String
02/25/2021	Contact - Document Received 1326/Fingerprint/RI 030 for Garth Hutton
02/25/2021	File Transferred To Field Office Lansing
03/15/2021	Application Incomplete Letter Sent
03/15/2021	Application Incomplete Letter Sent
03/25/2021	Inspection Completed On-site
05/23/2021	Contact-Document Received-Fire Inspection Report and Corrective Action Plan-Temporary until 6/15/2021
06/20/2021	Contact-Document Received-Fire Inspection Report-Approved
06/22/2021	Confirming Letter Sent
06/22/2021	Inspection Completed-BCAL Full Compliance
06/22/2021	Inspection Completed- Env. Health Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of large group adult foster care facilities with an approved capacity of 1-20 residents, licensed or proposed to be licensed after 5/24/2021.

A. Physical Description of Facility

Parkview Residence is located in the city of Battle Creek, MI near many restaurants, churches and Goguac Lake which offers swimming and fishing. The home is a colonial style home over 5,000 square feet with a basement and no garage. There is a 72 ft long porch on the front of this home that accommodates many activities during the warmer months. There are three resident bedrooms on the first floor and eight resident bedrooms on the second floor. There are two resident full bathrooms with showers and

one full staff bathroom on the first floor and two resident full bathrooms with showers on the second floor. The home has an apartment attached where the home manager resides. The dining room, living room, and kitchen are all located on the first floor. The home is wheelchair accessible on the first floor only and has two approved means of egress that are equipped with ramps from the first floor. The home utilizes public water and sewage. During the on-site inspection, I determined the facility to be in compliance with applicable environmental health rules.

There are two natural gas furnaces in this home. One furnace is located in the basement along with the hot water heater. The other natural gas furnace is located on the second floor of the home. Both are equipped with an automatic self-closing with a 1-3/4 inch solid core door. The fire door in the basement is located in the furnace room area at the bottom of the stairs. The fire door on the second floor is enclosed in a wall on that floor. The facility is equipped with interconnected, hardwire smoke detection system, with a battery backup, which was installed by a licensed electrician and is fully operational. The facility was inspected by the Bureau of Fire Services on 06/20/2021 and was found to be in full compliance with applicable fire safety rules for large group adult foster care facilities.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'5" X 14 - 10	233	3
2	12'10" X 14'3"	183	2
3	13'6' X 7'6"	101	1
4	9'6" X 9'9" -	93	1
5	9'2" X 10'8"	98	1
6	11'2" X 9'5"	105	1
7	13'2" X 11'6"	151	2
8	13'7" X 7'6"	102	1
9	14 X 12'3"	172	2
10	13'6 X 17' 1"	231	3
11	14'11" X 17'9"- 6'10" X 4'6"	234	3

The living, dining, and sitting room areas measure a total of 790 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. The licensee has also agreed to abide by all rules pertaining to residents who reside in a multioccupancy bedroom with more than two beds in the bedroom.

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 20 male ambulatory adults whose diagnosis is developmentally disabled or mentally ill, in the least restrictive environment possible. 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. Residents will be referred primarily from Calhoun County DHHS, Calhoun County CMH, VA, or private individuals.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. The licensee will provide all transportation for resident programs and medical needs. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications:

The applicant G&O Enterprise, LLC, which is a "For Profit Corporation", was established in Michigan, on 03/29/2018. 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. The members of G&O Enterprise, LLC have submitted documentation appointing Garth Hutton as licensee designee for this facility.

A licensing record clearance request was completed with no convictions recorded for Garth Hutton. Garth Hutton have submitted a medical clearance request with statements from a physician documenting his good health and current TB negative results.

Garth Hutton has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Garth Hutton is currently the licensee designee for other AFC facilities and has provided direct care services to the mentally ill, developmentally disabled and Alzheimer's populations for several years.

The staffing pattern for the original license of this twenty-bed facility is adequate and includes a minimum of one staff-to-15 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. All direct care staff will be awake during resident sleeping hours.

The applicant acknowledged at no time this facility will 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 person care to the resident population.

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) 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/authorization for each resident on an annual or as needed 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 resident 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

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 six-month temporary license to this adult foster care family home with a capacity of twenty (20) residents.



Dawn Campbell
Licensing Consultant

6/22/2021
Date

Approved By:



06/24/2021

Dawn N. Timm
Area Manager

Date