



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 30, 2021

Emily Wieber
2307 W Maple Rapids Rd
St. Johns, MI 48879

RE: Application #: AS190408874
The Maples Of St Johns
2307 W Maple Rapids Rd
St. Johns, MI 48879

Dear Ms. Wieber:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS190408874
Licensee Name:	Emily Wieber
Licensee Address:	2307 W Maple Rapids Rd St. Johns, MI 48879
Licensee Telephone #:	(517) 526-3723
Administrator:	Emily Wieber
Name of Facility:	The Maples Of St Johns
Facility Address:	2307 W Maple Rapids Rd St. Johns, MI 48879
Facility Telephone #:	(517) 526-3723
Application Date:	06/01/2021
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

06/01/2021	On-Line Application Incomplete Letter Sent – 1326, RI030 & AFC100 for Emily Wieber
06/01/2021	On-Line Enrollment
06/01/2021	On-Line Fee Received - Original
06/01/2021	On-Line Application Received - Original
06/02/2021	Contact - Document Sent – 1326, RI030, AFC100
06/03/2021	Inspection Report Requested – Health – Invoice No : 1031626
06/07/2021	Contact - Document Received – 1326, Ri030, AFC100
06/08/2021	File Transferred To Field Office – Lansing
06/11/2021	Application Incomplete Letter Sent
08/30/2021	Contact - Document Received – Email from Emily Wieber with attachments I was unable to open
08/30/2021	Contact - Document Sent – Email to Ms. Wieber to explain I needed the documents in a format such as .pdf or mail them to Ottawa bldg.
08/30/2021	Contact - Telephone call made relaying I could not open email attachments
08/30/2021	Inspection Report Requested - Health
08/31/2021	Contact - Document Received – Received admission policy, budget, credit report, discharge policy, floor plans, house rules, medical clearance for E. Wieber, organizational chart, permission to inspect, personal financial statement, program statement, staffing pattern, TB test results for E. Wieber, resume for E. Wieber documenting experience including direct care experience for the aged population
09/01/2021	Inspection Completed-Env. Health : A
09/02/2021	Contact - Document Received – Received updated program statement, fall procedures, and house rules. Also received a copy of the signed lease, a letter appointing the designated representative, and documentation that Ms. Wieber is competent in the areas of fire safety, resident rights, financial and administrative management and foster care as defined in the Act

09/12/2021	Contact - Document Received – Received standard and routine procedures
10/01/2021	Inspection Completed On-site
10/01/2021	Inspection Completed-BCAL Sub. Compliance
11/17/2021	Contact - Document Received – Copies of furnace and smoke detection system inspections by qualified professionals and photograph and receipt from washer and dryer installed at facility
11/17/2021	Inspection Completed – Full Compliance – Reviewed photographs and written documentation

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Maples of St. Johns is a single – story, approximately 7,000 square foot brick building with no basement. The facility is placed on five acres of land, and though it has a rural feeling, the facility is in close proximity to the city of St. Johns, MI. All resident bedrooms and bathrooms are located on the main floor of the facility. There are six bedrooms designated as resident bedrooms in total, all designated for single occupancy. There are five resident bedrooms located in the east hallway of the facility and one resident bedroom in the west hallway. Both resident bathrooms are centrally located between the two hallways. In addition to the resident bedrooms and bathrooms the facility also has an activity room, kitchen, laundry room/salon, and a large dining and gathering space for resident use. There is a large outdoor patio area residents can use during nice weather. Additionally, the facility has an employee breakroom, a conference room, a mechanical room, and an office. The facility is wheelchair accessible as there are at least two means of egress that are at grade and do not require a ramp. Additionally, the facility is equipped with doors and hallways that are wider than standard and which wheelchair users can easily maneuver. Both resident bathrooms offer full accessibility for individuals with physical handicaps and the common areas are open and easy to traverse with a wheelchair or other assistive device. The home utilizes a private water and sewer system which were determined to be in full compliance with all applicable rules of the Mid – Michigan District Health Department on September 1, 2021.

The facility is equipped with four gas furnaces located in the mechanical room in the east hallway of the facility. There are two hot water heaters powered by gas which are also located in the utility room. The utility room has a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnaces were

inspected by a licensed professional on April 15, 2021 and were found to be operating 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 smoke detectors are powered from the building's electrical system, and when activated, initiate an alarm audible in all sleeping rooms with the door closed. Smoke detectors were installed near every sleeping area and in the common living/dining area. The interconnected, hardwired smoke detection system was inspected by a professional on November 11, 2021.

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' 0" X 15' 0"	180	1
2	10' 0" X 17' 0"	170	1
3	10' 0" X 17' 0"	170	1
4	10' 0" X 17' 0"	170	1
5	10' 0" X 17' 0"	170	1
6	10' 0" X 17' 0"	170	1
Office	9' 0" X 19' 0"	171	N/A
Conference Room	10' 0" X 15' 0"	150	N/A
Employee Breakroom	12' 0' X 19' 0"	108	N/A
Activity Room	19' 0" x 20' 0"	380	N/A

The indoor living and dining areas measure a total of 2162 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 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 male or female residents who are aged. The program will meet all residents' personal care needs such as incontinence care, bathing, grooming, hygiene, feeding etc. The applicant stated a staff member will be available to assist residents with transferring and mobility. The applicant indicated residents who have been diagnosed with dementia and may be experiencing confusion, verbal aggression, or loss of ability to meet his/her own needs are appropriate for the program. The applicant will not accept residents who are physically aggressive or have exit – seeking behavior. The applicant stated the residents will also receive laundry services, medication

management, homemade meals, a snack bar accessible anytime, and a private telephone line. The program will not include transportation, but staff members will be able to assist with coordination of transportation. The applicant intends to accept residents with private sources for payment.

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 utilize local community resources for recreational activities. The facility is located near the city of St. Johns which has restaurants, parks, shopping centers and other entertainment options. There are also local hospitals, physicians, and medical specialists. These resources provide an environment to enhance the quality of life and can increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Criminal history background checks of the applicant/administrator were completed and Ms. Wieber was determined to be of good moral character to provide licensed adult foster care. Ms. Wieber submitted statements from a physician documenting her good health and current negative tuberculosis test results dated July 9, 2021.

The applicant/administrator provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Based on the written documentation provided and Ms. Wieber's statements she has worked with the aged population as a home health medical assistant for the past four years where she manages aged individuals' medications, personal care needs, home care needs such as cooking and cleaning, and transportation and participation in medical appointments. Ms. Wieber has worked as a medical assistant at a senior health center where she participated in the creation and implementation of resident care plans. Ms. Wieber learned how to respond to medical emergencies while working as a medical assistant at an urgent care facility. Ms. Wieber has formal education related to health services and financial and administrative management. Ms. Wieber is a certified medical assistant.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 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) 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 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(s) 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 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.

Though the facility is a single – story building with no basement, 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 six-month temporary license to this adult foster care family home with a capacity of six (6).



11/29/2021

Leslie Herrguth
Licensing Consultant

Date

Approved By:



11/30/2021

Dawn N. Timm
Area Manager

Date