



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 10, 2021

Kelly Burleson  
K & L Assisted Home Care  
224 Woodhaven Drive  
Lansing, MI 48917

RE: Application #: AS230407232  
**K & L Assisted Home Care**  
**224 Woodhaven Drive**  
**Lansing, MI 48917**

Dear Ms. Burleson:

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 and special certification with a maximum capacity of 5 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**

<b>License #:</b>	AS230407232
<b>Applicant Name:</b>	K & L Assisted Home Care
<b>Applicant Address:</b>	224 Woodhaven Drive Lansing, MI 48917
<b>Applicant Telephone #:</b>	(517) 706-1317
<b>Licensee Designee:</b>	Kelly Burleson
<b>Administrator:</b>	Leeanna Woods
<b>Name of Facility:</b>	K & L Assisted Home Care
<b>Facility Address:</b>	224 Woodhaven Drive Lansing, MI 48917
<b>Facility Telephone #:</b>	(517) 657-3663
<b>Application Date:</b>	01/21/2021
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

01/21/2021	Application Received Original
01/21/2021	Fee Received Original \$130; ck #2948
01/21/2021	Enrollment
02/09/2021	Application Incomplete Letter Sent
02/27/2021	Comment – FPs for Kelly Burleson
03/03/2021	Contact - Document Received – Clearance for Kelly Burleson
06/03/2021	Contact - Document Received - Valid corporation
06/04/2021	File Transferred To Field Office – Lansing
06/11/2021	Application Incomplete Letter Sent
07/21/2021	Contact - Document Received – Received admission policy, budget, appointment of designated person, discharge policy, medical clearance for K. Burleson, organizational chart, program statement, proof of ownership, standard/routine procedures and staffing pattern
08/02/2021	Contact - Document Received – Written request to appoint Leanna Woods as administrator, resume for Leanna Woods, resume for Kelly Burleson, updated staffing pattern, and personnel policies
09/09/2021	Contact - Document Received – Received floor plans, administrator competencies, administrator medical and TB clearances, updated program statement, updated admission policy, licensee designee CPR/first aid certification, administrator CPR/first aid certification, documentation of financial and administrative management experience for administrator and licensee designee
10/18/2021	Contact - Document Received – Received updated application with MI, DD, Aged, and physically handicapped populations, updated program statement, and assessment tool for resident compatibility
10/18/2021	SC-Application Received - Original
11/16/2021	Inspection Completed On-site
11/16/2021	Inspection Completed-BCAL Sub. Compliance

11/29/2021	Contact - Document Received – Photographs of repaired concrete driveway and walk and receipts and photographs for non-locking-against-egress hardware for two bathrooms, four resident bedrooms, and front door to facility.
11/29/2021	Inspection Completed On-site – Virtual through photographs and written documentation provided by applicant
11/29/2021	Inspection Completed-BCAL Full Compliance – Virtual

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

K & L Assisted Home Care is a ranch style home located within a subdivision near the intersection of Michigan Avenue and Waverly Road in Delta Township. The home consists of a main level and a basement level. There are four resident bedrooms in total. Two resident bedrooms are located on the main floor of the home and two resident bedrooms are located on the basement level of the home. There is a fifth bedroom on the main floor of the home designated for the applicant, who lives in the home. There are two bathrooms in the home, both designated for resident use. One bathroom is on the main level of the home and one bathroom is on the basement level of the home. In addition to the bedrooms and bathroom, on the main level of the home there is a living room, kitchen, and dining room. There are two means of egress on the first floor leading to the outside. In addition to the bedrooms and bathroom on the basement level of the home there is a living area and a utility room. Both resident bedrooms in the basement are equipped with professionally – installed emergency egress windows. The home is not wheelchair accessible. The home utilizes a public water supply and sewage disposal system.

The gas – powered water heater and furnace are in the basement of the home inside a utility room which is separated from the remainder of the home with materials that will afford at least a one-hour protected enclosure. The utility room is equipped with a permanent outside vent that cannot be closed. The utility room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnace was inspected by a qualified professional on November 22, 2021 and found to be in good working order.

The facility is equipped with an interconnected, hardwired smoke detection system with a 10-year sealed lithium battery back-up which was fully operational at the onsite inspection. According to the applicant, the smoke detection system installed in the home is the Kidde United Technologies Home Protection Kit which is a wire-free intelligent

Bluetooth technology system that provides early warning to fire by linking together so that when one alarm detects a hazard, it will trigger all others to sound. The applicant stated the interconnected system also includes a voice alarm to warn of danger. The applicant stated the interconnected smoke detection system meets National Fire Protection Association (NFPA 72) standards. The applicant provided written documentation that indicated the Kidde wire free interconnected smoke detection system is compliant with the NFPA and Underwriter’s Laboratories. The written documentation provided stated the interconnected fire detection system uses multiple wireless units which create their own independent wireless alarm network, and no Wi-Fi network is required for the alarms to operate. There were smoke detectors located/ installed near sleeping areas, in the kitchen, in the basement (near those sleeping areas) and in the utility room.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10’ 6” X 9’ 3”	97	One
2	12’ 0” X 9’ 3”	111	One
3	13’ 10” X 10’ 10”	150	Zero (applicant’s bedroom)
4	12’ 7” X 11’ 0’	138	Two
5	12’ 4” X 11’ 0”	136	One

The indoor living and dining areas measure a total of 269 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 five 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 five (5) male or female residents who are aged, developmentally disabled, mentally ill, or physically handicapped. The facility will admit residents who have a physical handicap but cannot admit residents who require the use of a wheelchair on a regular basis. Residents who require a wheelchair strictly for outings or appointments, or for long distance walking will be considered. The facility will not accept residents who have a history of violence, sexual aggression, or property destruction. All residents will be assessed by the licensee prior to admission. An assessment tool will be used as well as a face-to-face meeting to ensure the licensee can meet the potential resident’s needs and that the potential resident is compatible with other residents. The applicant indicated the written assessment tool will evaluate resident compatibility by assessing each potential resident’s needs pertaining to medications, guardianship/payee status, court order status, current and previous placement status, transportation needs, substance use, verbal/behavioral aggression, wandering or elopement, sexually

inappropriateness, personal care needs, as well as pertinent written records such as psychiatric evaluations, treatment plans, behavior plans, etc. According to the applicant and written program statement the licensee will provide an environment that enhances the lives of residents, while also promoting residents' independent living skills. The licensee will follow residents' individual plans of service to ensure individual goals and objectives as determined in residents' treatment plans are met. The residents' care will be coordinated with other providers to ensure the licensee is following the most recent physician recommendations. The residents' medications will be managed and administered by direct care staff and required documentation will be completed. Residents will be helped with activities of daily living including showers at least twice weekly, dressing, grooming, shaving, etc. The program will provide some transportation to and from medical appointments as staffing allows. The licensee stated the program will encourage and support resident relationships with natural supports per the residents' consent to share. Independent living skills such as money management, medication use, side effects, etc., and social skills will be taught. The residents will be provided three home cooked meals daily and snacks will be provided in between meals. Residents' laundry will be completed at least once weekly, or more if needed. The home staff will promote physical health and wellness by offering in home activities such as Bingo, board games, cooking activities, bon fires and smore nights, movie nights, crafts, exercise, education, etc. The applicant will accept referrals from Clinton, Eaton, Ingham Community Mental Health, the local Office on Aging, and residents with private sources of payment. The applicant will also consider referrals from local hospitals and other facilities.

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 including the local library, parks, walking trails, shopping centers, restaurants, and community center activities. 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 K & L Assisted Home Care, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 05/18/21. 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 K & L Assisted Home Care, L.L.C. have submitted documentation appointing Kelly Burleson as licensee designee for this facility and Leeanna Woods as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results dated July 1, 2021, for Ms. Burleson and August 10, 2021, for Ms. Woods.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Burleson is a certified nursing assistant and has more than ten years working with individuals who are aged and/or vulnerable due to physical or cognitive limitations. Ms. Burleson has experience providing direct care to residents who were aged, individuals with physical or mental limitations that required skilled nursing, individuals diagnosed with Alzheimer's disease, individuals diagnosed with Parkinson's disease, individuals diagnosed with cerebral palsy, and individuals with traumatic brain injuries. Ms. Burleson indicated she has experience training and supervising direct care staff members, hiring, and terminating direct care staff members, and authoring policy and procedures related to resident care. Ms. Burleson was formally trained as a certified nursing assistant at the Huron Area Technical Center and has maintained her certification since 2009. Ms. Woods is a licensed master's level social worker who presently works as a mental health therapist at Community Mental Health. Ms. Woods has experience working directly with individuals with severe and persistent mental health concerns. Ms. Woods' responsibilities include medication administration, wellness checks, coordination of care, ongoing case management services, evaluation for inpatient treatment as needed, and collaborations with guardians, etc. Ms. Woods also has experience as a client services specialist at Community Mental Health where she provided direct services to individuals with developmental disabilities. Ms. Woods worked as an activity technician in an adult foster care home from 2008 – 2012. Ms. Woods worked as a residential care provider and assisted residents with activities of daily living, medication administration, crisis intervention, transportation, and written documentation. Ms. Woods has a formal education in social work from Michigan State University and earned a bachelor's degree and a master's degree in social work. Ms. Burleson and Ms. Woods submitted written documentation to document that both are competent in the areas of nutrition, first aid, cardiopulmonary resuscitation, fire safety, financial and administrative management, foster care as defined in the Act, knowledge of the needs of the populations served in the home, resident rights, prevention and containment of communicable diseases, and medication administration.

The staffing pattern for the original license of this five (5) bed facility is adequate and includes a minimum of one (1) staff for five (5) residents per shift. The applicant said it is her intention to employ a second staff member to assist with activities and outings. 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 not 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(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.

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 small group home and special certification with a capacity of five (5).



12/6/21

---

Leslie Herrguth  
Licensing Consultant

Date

Approved By:



12/10/2021

---

Dawn N. Timm  
Area Manager

Date