



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 1, 2021

Laura Esese
Dignified Care LLC
3640 Brambleberry DR NW
Comstock Park, MI 49321

RE: Application #: AM410406102
Dignified Care 44th. Street
2720 44th St. SE
Kentwood, MI 49512

Dear Ms. Esese:

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 12 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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM410406102
Licensee Name:	Dignified Care LLC
Licensee Address:	3640 Brambleberry DR. NW Comstock Park, MI 49321
Licensee Telephone #:	(616) 856-9191
Administrator/Licensee Designee:	Laura Esese, Designee/Administrator
Name of Facility:	Dignified Care 44 th . Street
Facility Address:	2720 44th St. SE Kentwood, MI 49512
Facility Telephone #:	(616) 226-6442
Application Date:	10/11/2020
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

10/11/2020	On-Line Enrollment
10/12/2020	Inspection Report Requested – Fire
10/15/2020	Contact - Document Sent Fire Safety String
10/15/2020	File Transferred To Field Office Grand Rapids
10/21/2020	Application Incomplete Letter Sent
11/05/2020	Inspection Report Requested - Fire
01/06/2021	Inspection Completed-Fire Safety: A
02/24/2021	Contact - Telephone call received From Laura and we set the inspection date of 02/26/2021.
02/26/2021	Application Complete/On-site Needed
02/26/2021	Inspection Completed On-site
02/26/2021	Contact - Document Received Received and reviewed all documents.
02/26/2021	Contact - Document Received Special Certification application.
02/26/2021	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSION

A. Physical Description of Facility

The facility is a ranch style, sick framed structure with a walk out on the lower level of the facility. The facility is located in a suburban residential area within Kentwood City limits. The facility has a front porch and a small parking area in front of the facility. The upper level of the facility includes six resident bedrooms, one full bathroom and one-half bathroom. There is an entry way and a full-sized living room with a portion of the room containing a dining room area. There is a kitchen and dining area. There is small sized office off of the kitchen. There is a small porch with a setting area outside of the facility which is off the hallway to the kitchen. Off of this small porch is a full stairway leading to the side of the facility and the parking area. Off the kitchen is an enclosed staircase with a door at the top of the staircase and at the bottom of the bottom of the staircase. The

lower level has a living room, a laundry room, with a refrigerator, and enclosed furnace room, a full bathroom, two resident bedrooms, and a staff bedroom which has a living area. The lower level has two means of egress and the upper floor has two approved means of egress. The facility utilizes public water and sewage system. The home is not handicapped accessible.

The gas furnace and hot water heater are located in the lower level of the home in a room that is constructed of materials that provide a 1- hour-fire-resistive rating with a 1 - 3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system. The facility does not have a sprinkled fire protection system as it has been continuously licensed.

The applicant has applied for a Special Certification for Mentally Ill and Developmental Disabled.

The facility has been licensed an Adult Foster Care facility for many years.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	10.42 x 10.5	109.4 square feet	1
#2	10.66 x 10.42	111 square feet	1
#3	11.66 x 10.83	126.2 square feet	1
#4	12.25 x 10.42	127.6 square feet	1
#5	11 x 11.92	131.1 square feet	2
#6	9.66 x 15	144 square feet	2
#7	17 x 8.75	148.7 square feet	2
#8	11.25 x 15	168.7 square feet	2

The living, dining, and sitting room areas measure a total of 487 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 twelve 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 twelve female ambulatory adults whose diagnosis is developmentally disabled or mentally

impaired, 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. The applicant intends to accept residents from several Counties of-DHHS, and several Counties of CMH, or 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 licensee will provide all transportation for program and medical needs. 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 public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Dignified Care LLC Inc., which is a "For Profit Corporation," was established in Michigan, on 06/24/2020. 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 Board of Directors of Dignified Care LLC, Inc. have submitted documentation appointing Laura M. Esese as Licensee Designee/Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 2 staff –to- 12 residents per first and second shifts, with some hours staggered. The third shift will have one staff to 12 residents. 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) 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 resident's 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.


The applicant acknowledges 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 temporary license to this AFC adult medium group home capacity 12.



03/01/2021

Arlene B. Smith, MSW
Licensing Consultant

Date

Approved By:



03/01/2021

Jerry Hendrick
Area Manager

Date

