



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 29, 2022

Donna Bradley
Legacy Hilltop Senior Living
14079 Stone Jug Road
Battle Creek, MI 49015

RE: Application #: AS130413807
Legacy Hilltop Senior Living
14079 Stone Jug Rd.
Battle Creek, MI 49015

Dear Mrs. Bradley:

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 black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130413807
Applicant Name:	Legacy Hilltop Senior Living
Applicant Address:	14079 Stone Jug Road Battle Creek, MI 49015
Applicant Telephone #:	(269) 719-2812
Administrator	Donna Bradley
Licensee Designee:	Jill Long and Donna Bradley
Name of Facility:	Legacy Hilltop Senior Living
Facility Address:	14079 Stone Jug Rd. Battle Creek, MI 49015
Facility Telephone #:	(269) 719-2812 08/15/2022
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL

II. METHODOLOGY

05/03/2022	Inspection Completed-Env. Health: A Completed for prior enrollment AS130413100
08/15/2022	Enrollment
08/15/2022	Application Incomplete Letter Sent Corp paperwork
08/15/2022	PSOR on Address Completed
08/22/2022	Contact - Document Received Confirmation of processed fee - \$150 ck# 158
08/22/2022	Contact - Document Received Corporations Filing
08/22/2022	File Transferred to Field Office Via SharePoint
08/23/2022	Contact - Telephone call received from Donna Bradley. Would like the license expedited. Asked for a current copy of property ownership (title or current property tax receipt). Submitted current corporation papers for Legacy Hilltop Senior Living.
08/24/2022	Application Incomplete Letter Sent BITS entry made to generate APP Incomplete Letter Template.
09/15/2022	Inspection Completed On-site
09/15/2022	Contact-Documentation Received Floor Plan, TB, Medical Clearance, Policies and Procedures.
09/16/2022	Confirming Letter Sent
09/19/2022	Contact-Documentation Received Furnace Inspection dated 05/15/2022.
09/20/2022	Inspection Completed On-site
09/20/2022	BCHS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one-story ranch home with an adjacent licensed facility inhabiting the basement level, located in the City of Battle Creek and approximately 8 miles from Bronson Battle Creek Hospital. There are multiple restaurants and convenience stores, as well as several churches located within 8 miles of the home. Staff and visitor parking is located near the front entry of the home on a paved and gravel horseshoe driveway.

On the main floor is three full bathrooms, four half bathrooms, a large great room, dining area, kitchen, and six resident bedrooms. Each of the six resident bedrooms are single, private resident bedrooms. Bedroom 1 and bedroom 3 share a bathroom, while the remaining bedrooms have private bathrooms. A wheelchair accessible ramp is located at the side entrance of the home and extends across the length of the home to solid unobstructed ground. A second entrance/exit located at the front of the home includes a wheelchair accessible ramp that extends past the length of the home to solid unobstructed ground. The home is wheelchair accessible with these two approved means of egress.

The home has private water and septic systems. The facility was found to be in substantial compliance with applicable environmental health rules after an inspection from the Calhoun County Health Department on 05/03/2022.

The gas furnace and water heater are in the basement which is accessible through the main floor great room. The furnace was inspected on 05/15/2022 and is fully operational. A 1 3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the basement from the great room, creating floor separation.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' X 15'	195	1
2	12' X 18'	216	1
3	12' X 12'	144	1
4	12' X 12'	144	1
5	12' X 12'	144	1
6	12' X 12'	144	1

The indoor living and dining areas measure a total of 819 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 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 (6) male and/or female ambulatory and non-ambulatory adults whose diagnosis is physically disabled and 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 Summit Pointe, Carewell Service Southwest, and Senior Care Partners.

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 those listed above. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Legacy Hilltop Senior Living, which is a "For Profit Corporation", established in Michigan, on 08/15/2022. 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 Legacy Hilltop Senior Living have submitted documentation appointing Jill Long as licensee designee and Donna Bradley as licensee designee and administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Jill Long and Donna Bradley. Jill Long and Donna Bradley submitted medical clearance requests with statements from a physician documenting their good health and current TB negative results.

Jill Long and Donna Bradley have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Jill Long previously operated a licensed facility. Donna Bradley previously served as an administrator for other licensed AFC facilities and has several years of experience as a

registered nurse. Jill Long and Donna Bradley have provided direct care services to the physically disabled and mentally ill for several years.

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 indicated that direct care staff will 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) 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 indicated resident medication will be stored in a locked cabinet and 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 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 with a capacity of six residents.



09/20/2022

Eli DeLeon
Licensing Consultant

Date

Approved By:



09/29/2022

Dawn N. Timm
Area Manager

Date