



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 23, 2023

Lindsey Schnautz
Maple Grove AFC LLC
17460 12 Mile Rd
Big Rapids, MI 49307

RE: Application #: AM540412752
Maple Grove AFC
17460 12 Mile
Big Rapids, MI 49307

Dear Ms. Schnautz:

Attached is the **AMENDED** 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 to include your special certification for developmentally disabled and mentally ill.

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 "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM540412752
Applicant Name:	Maple Grove AFC LLC
Applicant Address:	17460 12 Mile Rd Big Rapids, MI 49307
Applicant Telephone #:	(231) 220-9123
Administrator:	Stephen Schnautz
Licensee Designee	Lindsey Schnautz
Name of Facility:	Maple Grove AFC
Facility Address:	17460 12 Mile Big Rapids, MI 49307
Facility Telephone #:	(231) 220-9123
Application Date:	05/06/2022
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/22/2022	Inspection Completed-Fire Safety: A Used Approved BFS report from License#AM54007004.
05/06/2022	Enrollment
05/18/2022	Application Incomplete Letter Sent 1326, ri030, fps, AFC 100
05/18/2022	Inspection Report Requested - Health invoice No: 1032665
06/15/2022	Inspection Completed-Env. Health: A
07/19/2022	Contact - Document Received afc-100, 1326a, RI-030
08/24/2022	Contact - Telephone call received Licensee called about status-waiting for prints to be uploaded
09/02/2022	File Transferred To Field Office
09/12/2022	Application Incomplete Letter Sent
10/18/2022	Contact - Document Received
11/01/2022	Contact - Face to Face Met with Lindsey Schnautz to go over their policy/procedures.
11/04/2022	Special Certification Application Received-Original
11/04/2022	SC-ORR Response Requested
11/04/2022	SC-ORR Response Received-Approved
11/17/2022	Inspection Completed Onsite
11/17/2022	Inspection Completed-BCAL Full Compliance
11/17/2022	Recommend License Issuance
11/17/2022	SC-Inspection Completed On-site
11/17/2022	SC-Inspection Full Compliance
11/17/2022	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility sits on five wooded and beautifully landscaped acres in rural Big Rapids, Michigan located in Mecosta County. The facility is a current licensed facility which has recently changed ownership. The facility is a tri-level home in which the main level and lower level are used as resident living space and the upper level is used as the living space for the owner of the facility. The facility has ample parking for visitors. At the front of the home there are two entrances, one entrance is to the family home in which residents do not have access to and the second entrance is the main entrance into the facility which is at grade level and enters into a breeze way. Upon entrance into the facility through the breezeway there is a sitting room which leads to three resident bedrooms. Two of these resident bedrooms are shared resident bedrooms, and one is a private resident bedroom. There is also a full bathroom with a stand-up shower for all residents to use. Off the sitting area is an exit that leads to a covered deck with stairs and a wheelchair ramp ending to the backyard. To the right of the sitting room, is a set of stairs going down to an open area that includes the residents dining room, kitchen, and living room, resident bedrooms, and bathroom. Off this living area is a hallway that has four shared resident bedrooms and two full bathrooms with stand-up showers for resident use. This lower-level floor has two exits that are at grade level with the first exit located off the dining room onto a cement patio into the backyard and the second exit is at the end of the bedroom hallway with a sidewalk leading from the entrance to the parking area in the front of the house. All residents requiring mobility assistance such as the use of a wheelchair will reside in the lower level of the home to assure continual access to the at grade exits, living room, kitchen, dining room, bedrooms and bathroom making the home wheelchair accessible. The licensee has agreed that no residents requiring assistive devices for mobility will be placed on the second level of the home. The home utilizes a private water and sewage disposal system that was inspected and approved on June 15, 2022, by the Mecosta County Health Department.

The facility uses propane furnace and a boiler system for heat which is located in an enclosed room in the breeze way, located on the same level as residents. The enclosed room that houses the boiler and furnace is constructed of material which has a 1-hour fire resistant rating, and the door is made of 1 ¾ inch solid core wood, equipped with an automatic self-closing device and positive-latching hardware. The boiler was inspected by the Michigan Department of Licensing and Regulatory Affairs-Bureau of Construction Codes/Boiler Division on September 25, 2020 and the boiler was certified in safe and good condition until September 25, 2023.

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 fire system was inspected by EPS Security on October 11, 2022, and the inspection included evaluating the fire extinguishers on each floor and all was found to be in safe working order. The facility was inspected on March 22, 2022 and has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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'.2" X 11"6" 2'5" X 4' 2'5" X 4'	176.12 Sq. Ft	2
#2	13'2" X 11.6 6'2" X 3'	171.72 Sq. Ft	2
#3	10' X 14'2" 5'7" X 2'3"	140.62 Sq. Ft.	2
#4	10'4" X 14'2" 5'7" X 3'6"	145.76 Sq. Ft	2
#5	13'2' X 11' 4'6" X 2'5"	168.2 Sq. Ft	2
#6	13'2" X 11' 6'8" X 3"	165.6 Sq. Ft	2
#7	6'7" X 3'4" X 4'8" X 6'7" X 4'8"	80.48 Sq. Ft	1
Living Room/Dining Room	13' X 26'10"	417.6 Sq. Ft	
Sitting Room	13' X 13'	169 Sq. Ft	

The indoor living and dining areas measure a total of 586.60 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 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. Even though the resident bedrooms have the capacity to hold two resident which would be a total of 13 residents, the Licensee Designee and Administrator understand their licensed capacity is that of 12 residents and will not go over their licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection, and personal care to 12 male and/or female residents who are aged, physically handicapped, mentally ill, developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational or day programs or employment, and transportation. The applicant intends to accept referrals from DHHS, CMH, Medicaid Waiver, and 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 is to utilize local community resources for recreational activities including bowling, libraries, museums, sporting events, fishing, church services and vacations. 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 Maple Grove AFC L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 01/06/2022. 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 members of Maple Grove AFC L.L.C have submitted documentation appointing Lindsey Schnautz as licensee designee for this facility and Stephen Schnautz as the administrator of the facility.

Criminal history background checks of Lindsey Schnautz and Stephen Schnautz were completed and they were determined to be of good moral character to provide licensed adult foster care. Lindsey Schnautz and Stephen Schnautz submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Lindsey Schnautz and Stephen Schnautz have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Lindsey Schnautz has been the home manager and direct care staff of the previous home since 2016 while Stephen Schnautz has been the home manager with Lindsey Schnautz since 2021 providing them with hands on experience of providing care to residents who are aged, physically handicapped, developmentally disabled, and/or mentally ill.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of two staff for 12 residents per shift. Lindsey Schnautz and Stephen Schnautz acknowledged that the staff to resident ratio may need to be increased/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.

Lindsey Schnautz and Stephen Schnautz have indicated that direct care staff will *not* be awake during sleeping hours.

Lindsey Schnautz and Stephen Schnautz 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.

Lindsey Schnautz and Stephen Schnautz acknowledged an understanding of the responsibility to assess the good moral character of employees. Lindsey Schnautz and Stephen Schnautz acknowledge 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.

Lindsey Schnautz and Stephen Schnautz 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.

Lindsey Schnautz and Stephen Schnautz 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 Lindsey Schnautz and Stephen Schnautz 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.

Lindsey Schnautz and Stephen Schnautz acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. Lindsey Schnautz and Stephen Schnautz acknowledge 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.

Lindsey Schnautz and Stephen Schnautz 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.

Lindsey Schnautz and Stephen Schnautz acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Lindsey Schnautz and Stephen Schnautz 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’s personal money transactions that have been agreed to be managed by the applicant.

Lindsey Schnautz and Stephen Schnautz 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.

Lindsey Schnautz and Stephen Schnautz 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.

Lindsey Schnautz and Stephen Schnautz 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.

Lindsey Schnautz and Stephen Schnautz 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 group home with a capacity of 12 resident and temporary special certification for residents diagnosed with developmental disability and/or mental illness.

Based on a further review of the property and physical plant, the facility is able to meet the needs of wheelchair users on the lower level only.

Bridget Vermeesch

11/28/2022 & 01/23/2023

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

11/28/2022 & 01/23/2023

Dawn N. Timm
Area Manager

Date