



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 6, 2023

Gilbert Ortiz
G&R Homes, LLC
1
369 Main St
Battle Creek, MI 49014

RE: Application #: AS130412316
G & R Homes - 2
501 W Cass St
Albion, MI 49224

Dear Mr. Ortiz:

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,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-3704

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130412316
Applicant Name:	G&R Homes, LLC
Applicant Address:	1 369 Main St Battle Creek, MI 49014
Applicant Telephone #:	(269) 317-7337
Licensee Designee:	Gilbert Ortiz
Administrator:	Gilbert Ortiz
Name of Facility:	G & R Homes - 2
Facility Address:	501 W Cass St Albion, MI 49224
Facility Telephone #:	(269) 317-7337
Application Date:	04/14/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/14/2022	Enrollment
04/14/2022	Application Incomplete Letter Sent-Submitted online but there was a data error, information re-entered.
04/15/2022	Application Incomplete Letter Sent-Copy of Application
04/25/2022	Contact - Document Received-Revised application
04/25/2022	File Transferred to Field Office-Lansing via SharePoint
05/27/2022	Application Incomplete Letter Sent
06/16/2022	Application Incomplete Letter Sent
10/20/2022	Contact - Telephone call made with licensee, Gilbert Ortiz
10/28/2022	Application Incomplete Letter Sent
11/14/2022	Contact - Document Received email from licensee with training certificates attached
11/15/2022	Contact - Document Sent email to licensee regarding 2 more required trainings
11/30/2022	Inspection Completed On-site
11/30/2022	Inspection Completed-BCAL Sub. Compliance
12/01/2022	Confirming Letter Sent
01/06/2023	Contact - Telephone call made with licensee scheduling second onsite original inspection
01/06/2023	Contact-Documentation Received-Furnace and hot water heater Inspections dated 12/08/2022
01/10/2023	Inspection Completed On-site
01/10/2023	Inspection Completed-BCAL Sub. Compliance
01/11/2023	Confirming Letter Sent
01/17/2023	Inspection Completed On-site
01/17/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

G & R Homes – 2 is a two-story colonial home, sitting on a corner lot located in the City of Albion and approximately 1.8 miles from Henry Ford Allegiance Medical Center-Albion. There are multiple restaurants and convenience stores, as well as several churches located within 1 mile of the home. Direct care staff and visitor parking is located in the driveway of the home and street parking on South Ann street and West Cass street.

The first floor includes one full bathroom, large living room, dining area, kitchen and one single resident bedroom. The second floor includes one full bathroom, and three separate resident bedrooms. The second floor resident bedrooms include one single resident bedroom and two shared resident bedrooms. There are two separate approved means of egress from the first floor with one located towards the home driveway and the second facing towards West Cass street. However, the facility is not wheelchair accessible and cannot accept residents who required the regular use of a wheelchair to assist with mobility.

The home utilizes public water supply and public sewage disposal systems. The furnace and hot water heater use natural gas and are in the basement of the home and accessible from the kitchen area of the home on the first floor. The furnace and hot water heater were inspected by a licensed professional on 12/08/2022 and found to be in fully operational order. The basement door is constructed of 1 3/4-inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the first floor of the home to the basement.

The facility is equipped with blue tooth smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is equipped with fire extinguishers which are located on each floor of the home. 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" x 11'4"	136 sq. ft.	1
2	11'4" x 16'1"	181 sq. ft.	2
3	11'5" x 11'7"	122 sq. ft.	1
4	11'5" x 15'1"	171 sq. ft.	2

The indoor living and dining areas measure a total of 1,210 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this home can accommodate six (6) residents. It is the licensee's responsibility not to exceed the home'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 adults whose diagnosis is developmentally disabled and/or mentally illness. 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 Calhoun County CMH Community Mental Health, 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 all residents' programming 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, churches, libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Gilbert P. Ortiz Jr under the name G & R Homes LLC-2, which is a "For Profit Corporation", established in Michigan, on 10/07/2020. Mr. Ortiz Jr 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. Mr. Ortiz Jr was appointed on the application as the Administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Gilbert P. Ortiz Jr. Gilbert P. Ortiz Jr submitted a medical clearance request with statements from a physician documenting his good health and current TB negative results.

Gilbert P. Ortiz Jr has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Gilbert P. Ortiz Jr previously served under a supervisory and team leader roles for other licensed AFC facilities and has several years of experience working in these positions. Gilbert P. Ortiz Jr has provided direct care services as a mental health worker and has over 11 years of

experience working with physically and developmentally disabled and mentally ill populations.

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 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 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 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 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 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 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 the documents 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

recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six residents.

Kevin L. Sellers

01/20/2023

Kevin Sellers
Licensing Consultant

Date

Approved By:

Dawn Timm

02/06/2023

Dawn N. Timm
Area Manager

Date