



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 9, 2023

Jill Lebourdais  
North Shores Center LLC  
4424 Winterwood Drive  
Saginaw, MI 48603

RE: Application #: AS690413584  
Alpine Adult CRU  
118 McLouth  
Gaylord, MI 49735

Dear Ms. Lebourdais:

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS690413584
<b>Licensee Name:</b>	North Shores Center LLC
<b>Licensee Address:</b>	4424 Winterwood Drive Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 493-1451
<b>Licensee Designee:</b>	Jill Lebourdais, Designee
<b>Administrator:</b>	Courtney Layman
<b>Name of Facility:</b>	Alpine Adult CRU
<b>Facility Address:</b>	118 McLouth Gaylord, MI 49735
<b>Facility Telephone #:</b>	(989) 493-1451
<b>Application Date:</b>	08/01/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/01/2022	On-Line Enrollment
08/08/2022	Application Incomplete Letter Sent blank BCAL-1326, AFC-100 and RI-030 forms mailed
08/08/2022	PSOR on Address Completed
08/24/2022	Contact - Document Received AFC-100, 1326, and RI-030 no prints were done per licensee
08/26/2022	Contact - Document Received MI Workforce Background Check
09/11/2022	Comment email rec'vd about the need for prints.
09/16/2022	Contact - Document Received RI-030 rec'vd with validation code for prints
09/26/2022	Comment sent request to have fingerprints uploaded
10/06/2022	Application Incomplete Letter Sent
01/05/2023	Clearances checked and approved in system
01/05/2023	On-site Inspection Scheduled
01/26/2023	Inspection Completed On-site
02/08/2023	Contact – Document received appointing licensee designee
02/08/2023	Application Complete

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a single-story home. It is located approximately one mile north of downtown Gaylord. The facility consists of a living room, group room, dining room, kitchen, medication room, office, laundry room, furnace room, three resident bedrooms, two full bathrooms and a half-bathroom. The facility is wheelchair accessible and has 2 approved means of egress at ground level.

The furnace and hot water heater are located on the main floor with a 1-3/4 inch solid core door equipped with an automatic self-closing device. 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:

Room	Dimensions	Area	Capacity
Bedroom #1	11'6" x 11'6"	132 square feet	2 residents
Bedroom #2	14'6" x 11'6"	166 square feet	2 residents
Bedroom #3	14'6" x 11'	159 square feet	2 residents

The living, dining, and group room areas measure a total of 966 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that 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 male or female adults who are diagnosed with a developmental disability or mental illness, in the least restrictive environment possible.

The program for the developmentally disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the residents person centered plan.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

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 for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is North Shore Center, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on July 31, 2018. 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 owner and executive director has submitted documentation appointing Jill LeBourdais as licensee designee for this facility. Courtney Lemay will be the administrator of the facility.

A criminal history background check was conducted for the applicant licensee designee and the administrator. They have been determined to be of good moral character. The applicant licensee designee and the administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant has 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 six bed facility is adequate and includes a minimum of 2 staff to 6 residents per shift during awake hours and 1 staff to 6 residents during sleeping hours. All staff shall 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 facilities 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 training suitability and qualification 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](http://www.miltcpartnership.org)), and the related documents required to be maintained in each employees 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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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 residents' personal money transactions that have been agreed to be managed by the applicant.

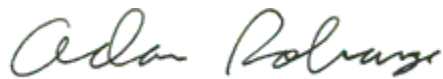
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant is in substantial compliance with the licensing act and applicable administrative rules at the time of this licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care small group home (capacity 6).



2/9/2023

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Adam Robarge  
Licensing Consultant

Date

Approved By:



2/9/2023

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Jerry Hendrick  
Area Manager

Date