



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 13, 2023

Kristen Julian  
3371 Old Kawkawlin Rd  
Bay City, MI 48706

RE: Application #: AL560414338  
**Olson Manor**  
**888 W Olson Rd**  
**Midland, MI 48640**

Dear Kristen Julian:

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 20 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AL560414338

**Licensee Name:** Kristen Julian

**Licensee Address:** 3371 Old Kawkawlin Rd  
BAY CITY, MI 48706

**Licensee Telephone #:** (810) 577-1137

**Administrator:** Kristen Mary Julian

**Licensee:** Kristen Mary Julian

**Name of Facility:** Olson Manor

**Facility Address:** 888 W Olson Rd  
Midland, MI 48640

**Facility Telephone #:** (810) 577-1137

**Application Date:** 09/30/2022

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

|            |  |
|------------|--|
| 09/30/2022 | On-Line Application Incomplete Letter Sent   |
| 09/30/2022 | On-Line Enrollment   |
| 10/03/2022 | Application Incomplete Letter Sent<br>Emailed App Incomplete Ltr, 1326, AFC-100, and RI-030  |
| 10/03/2022 | Inspection Report Requested - Health   |
| 10/03/2022 | Comment- received email regarding appt for prints is today.  |
| 10/12/2022 | Contact - Document Received- rec'vd 1326, RI-030, AFC-100 and ltr MI Workforce Background Check Ltr.   |
| 10/25/2022 | Inspection Completed-Env. Health: A  |
| 11/04/2022 | PSOR on Address Completed  |
| 11/04/2022 | File Transferred to Field Office   |
| 11/14/2022 | Application Incomplete Letter Sent to licensee designee Kristen Julian.  |
| 11/16/2022 | Contact - Document Received from licensee designee Kristen Julian requesting consultation and technical assistance regarding medical clearance forms. Consultation and technical assistance provided.          |
| 12/01/2022 | Contact - Document Received from licensee designee Kristen Julian requesting consultation and technical assistance regarding zoning requirements. Consultation and technical assistance provided.              |
| 12/06/2022 | Contact - Document Sent- Emailed licensee designee Kristen Julian to provide consultation and technical assistance regarding zoning requirements and what Licensing requires to complete for Original License. |
| 12/07/2022 | Inspection Completed- BFS: A   |
| 12/16/2022 | Contact - Document Received- Text message received from licensee designee Kristen Julian stating she cannot get a meeting for their special zoning permit until February 2023.                                 |

|            |   |
|------------|---|
| 12/16/2022 | Contact - Document Sent- Text message sent to licensee designee Kristen Julian informing her it is fine the meeting for their special zoning permit cannot take place until February of 2023, and to keep Licensing informed of their progress. |
| 02/16/2023 | Contact - Telephone call received from licensee designee Kristen Julian. Ms. Julian requested consultation and technical assistance regarding rules related to resident conflict and discharge criteria.  |
| 04/06/2023 | Contact - Telephone call made to schedule Original onsite inspection with licensee designee Kristen Julian. Inspection scheduled for 04/10/2023 at 11:00 a.m.   |
| 04/11/2023 | Inspection Completed On-site  |
| 04/11/2023 | Inspection Completed-BCAL Full Compliance   |

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The property at 888 W. Olson Rd. Midland, Michigan 48640 is under new ownership. Olson Manor is now owned by JULIAN PROPERTIES, LLC and leased to Julian Ventures, LLC for a one-year term and shall run from year to year therefrom, unless terminated by either party by 30 days written notice. JULIAN VENTURES, LLC has given Kristen Julian legal permission to operate an Adult Foster Care (AFC) facility on the premises, and for LARA-BCHS to license and inspect the facility.

An approval letter was received from Lee Township Planning Commission on 02/17/2023 indicating Ms. Kristen Julian's application for a special use permit for the state licensed residential facility located at 888 West Olson Road (i.e., Olson Manor) was approved during a regularly scheduled meeting on 02/15/2023. This facility is a 20-bed facility and was originally licensed to Hillcrest Adult Care, Inc.

The facility is in a rural area west of Midland in Lee Township. The facility is a barrier free dwelling capable of accommodating individuals who regularly use wheelchairs to assist with mobility. There are two wheelchair accessible entrances/exits located at the facility both of which are at grade. One is located at the front of the facility and the second is located at the rear of the facility off the kitchen. There are no detached buildings on the property. The facility will allow 20 residents to utilize 10 street level bedrooms. The upstairs has a separate address, separate entrance, and is unoccupied. The basement is used for storage. The facility features contemporary styling with stone facing and aluminum siding. There is ample off-road parking.

The facility utilizes a private water and sewer system. On file is a recent Environmental Health Inspection Report from Midland County Department of Public Health confirming the facility has been determined to be in substantial compliance with applicable rules. This onsite inspection took place on 10/25/2022.

The boiler and hot water heater are in the basement with a self-closing, 1 3/4 inch solid core door with a 1-hour fire resistance rating creating required floor separation. The boiler and water heater were inspected by J & D Plumbing & Heating Ltd on 04/10/2023 and found to be satisfactory and in good working order. The facility is sprinkled and equipped with an interconnected, hard-wired smoke detection system with battery backup which was installed by a licensed electrician and is fully operational. This smoke detection system was inspected, repaired, and determined safe and sound by HQ Inspections Wolverine Fire Protection Company on 04/07/2023. The Bureau of Fire Services determined Olson Manor to be in full compliance with the Fire Safety Rules for Adult Foster Care Facilities on 12/07/2022.

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' 9" x 16'      | 206.4                | 2                   |
| 2         | 10' x 21'         | 210                  | 2                   |
| 3         | 11' 11" x 15' 2"  | 168.8                | 2                   |
| 4         | 11' 6" x 12' 2"   | 141.5                | 2                   |
| 5         | 10' x 21'         | 210                  | 2                   |
| 6         | 10' 10" x 15' 10" | 152.5                | 2                   |
| 7         | 13' x 19'         | 247                  | 2                   |
| 8         | 11' x 23'         | 253                  | 2                   |
| 9         | 15' 10" x 11' 8"  | 178.8                | 2                   |
| 10        | 15' 10" x 12' 6"  | 190.2                | 2                   |

Given the sizes of the bedrooms and two residents per room, the facility's bedroom space exceeds the required 65 square feet per resident.

The living, dining, and sitting room areas measure a total of 1075 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 twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

I determined Olson Manor to be in full compliance with the Maintenance of Premises Rules for Adult Foster Care large group homes on 04/10/2023.

## **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 twenty (20) male or female adults who are ambulatory, physically disabled, developmentally disabled, mentally ill, traumatically brain injured, and aged with or without Alzheimer's disease in the least restrictive environment possible. The applicant has submitted an acceptable Alzheimer's Disclosure Statement which indicates specialized services provided to this population.

The applicant's 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 from hospitals and clinics, medical care facilities, hospice agencies, commissions on aging, veteran organizations, waiver programs, and the community at large.

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 applicant will arrange or provide all transportation for program and medical needs. The applicant 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, shopping centers, and local parks located within the City of Midland.

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

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.

Kristen Julian is the current licensee and administrator for this facility. A criminal history background check was completed on the licensee/administrator with no exclusionary convictions found. An assessment of the licensee/administrator's health was completed, and she was found physically capable of providing adult foster care services. Her TB test results were negative.

Kristen Julian, licensee and administrator, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Julian has an Associate of Applied Science Degree from Baker College and

is a certified surgical technician. She has worked in the hospital for 16 years as a surgical technologist prepping patients for surgery, assisting with surgical procedures, and assisting with aftercare. Ms. Julian has worked directly with the residents and overseen direct care staff members since purchasing the facility in July of 2021. She has provided her biological mother with direct care assisting with activities of daily living (ADL) after her mother's cancer diagnosis. Ms. Julian has been guardian and responsible for her father's finances for two years after he was diagnosed with dementia. For the past six months, Ms. Julian has volunteered at her good friend's home for TBI, spinal cord, and multiple trauma injuries. She has also volunteered at Hurley Hospital working with vulnerable populations. In total with all her multiple experiences in hospital settings, working in AFCs, and volunteering, Ms. Julian has at least one year of experience working with individuals who are aged and/or diagnosed with Alzheimer's disease, mental illness, developmental disability, traumatic brain injury, or physically handicapped.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of two staff to 20 residents during awake hours and one staff to 20 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 direct care staff members 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 training and qualification requirements for direct care staff members prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

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 member 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 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 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 the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all the required 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. In addition, 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 the documents contained within each resident's file.

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.

#### **D. Rule/Statutory Violations**

This facility 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 large group home with a capacity of 20 residents.



04/12/2023

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Rodney Gill  
Licensing Consultant

Date

Approved By:



04/13/2023

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Dawn N. Timm  
Area Manager

Date