



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 3, 2023

Renee Kelly  
Cretsinger Care Homes Ltd  
P O Box 279  
Battle Creek, MI 49016-0279

RE: Application #: AM130412557  
**Pennfield Premier Living North**  
**632 North Avenue**  
**Battle Creek, MI 49017**

Dear Mrs. Kelly:

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 12 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**

<b>License #:</b>	AM130412557
<b>Applicant Name:</b>	Cretsinger Care Homes Ltd
<b>Applicant Address:</b>	P O Box 279 Battle Creek, MI 49016-0279
<b>Applicant Telephone #:</b>	(269) 964-8292
<b>Administrator:</b>	Tracy Frey
<b>Licensee Designee:</b>	Renee Kelly
<b>Name of Facility:</b>	Pennfield Premier Living North
<b>Facility Address:</b>	632 North Avenue Battle Creek, MI 49017
<b>Facility Telephone #:</b>	(269) 282-1670
<b>Application Date:</b>	05/03/2022
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

05/03/2022	Enrollment
05/04/2022	Application Incomplete Letter Sent sign 1326 & AFC 100 and needs fps.
06/17/2022	Contact - Document Sent emailed RI-30 and communicated w/Kelly about prints needed.
07/18/2022	Contact - Telephone call received Sent request to have fps uploaded.
08/01/2022	PSOR on Address Completed.
08/09/2022	Comment - response to emails from Licensee 8/2,5, and 8/9 about status. Clarifying request from Dana before transferring to the field.
08/10/2022	File Transferred To Field Office.
01/03/2023	Contact - Face to Face met licensee, discussed changes and how licensee is working with Bureau Fire Services (FBS).
05/29/2023	Contact - Telephone call made with licensee relating to updates on original.
10/02/2023	Contact - Telephone call made leaving message for bureau fire services inspector, Brian Davis.
10/03/2023	Contact - Document Sent email to BFS inspector, Brian Davis.
10/03/2023	Inspection Completed- Fire Safety A Rating.
10/04/2023	Contact - Document Received email from licensee about BFS report and AFC name change.
10/06/2023	Contact - Telephone call made with licensee, Renee Kelly, scheduling on-site inspection.
10/06/2023	Application Complete/On-site Needed on-site inspection scheduled.
10/25/2023	Inspection Completed On-site.
10/25/2023	Inspection Completed- Env. Health- A Rating
10/25/2023	Inspection Completed-BCAL Full Compliance.

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

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

Pennfield Premier Living South is a one-story facility with fully finished basement located at 632 North Avenue Battle Creek, Michigan in Calhoun County. There are multiple restaurants and convenience stores within walking distance, as well as Bronson Battle Creek Hospital located less than a mile from the facility. Direct care staff and visitor parking is located in the facility parking lot with ample space provided.

The facility has seven private and semi-private resident bedrooms, an office area, a large common area, activity room, dining room, spacious kitchen, large laundry room, storage room and three full barrier-free bathrooms for resident use. One bathroom has a roll-in shower which provides ample space for assisted showering.

There are two wheelchair approved emergency exits from the main level of the home leading directly to ground level onto concrete. The facility is completely barrier free and wheelchair accessible with these two approved means of egress.

The facility utilizes public sewer and water supply disposal system. I determined the facility to be in substantial compliance with applicable environmental health rules during the onsite inspection. The facility is equipped with a hardwired interconnected approved pull station alarm system and is fully sprinkled, as required. The facility was inspected and approved by the Bureau of Fire Services on 10/03/2023. There are smoke detectors in sleeping areas, near heating equipment and on each level of the facility. The facility is equipped with fire extinguishers located in the kitchen on the main floor and outside the mechanical room in the basement of the facility.

The basement is not accessible to residents and houses the mechanical, electrical, and heating systems. The basement is separated from the main level of the facility by a 1-3/4-inch fire rated solid core door with a 1 hour-fire-resistance rating and equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the main floor of the facility to the basement. The facility has three separate furnaces; one furnace in the basement and two furnaces in the attic. The basement furnace along with hot water heater was observed in the mechanical room of the basement. The furnaces and hot water heater use natural gas. The furnaces and hot water heater were inspected by a licensed professional on 11/08/2022 and found to be in fully operational order. The mechanical room housing the furnace and hot water heater are in the room constructed of materials having a 1-hour-fire resistance rating.

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

Bedroom #	Room Dimensions	Total Square Footage	Beds
1	17'5" X 10'8"	187 sq. ft	1
2	13'10" X 13'5"	182 sq. ft.	2
3	13'10" X 15'3"	208 sq. ft.	1
4	13'10" X 17'9"	221 sq. ft.	2
5	15'5" X 12'10"	192 sq. ft.	2
6	15'5" X 12'10"	192 sq. ft.	2
7	11'5" X 16'8"	192 sq. ft	2

The living, dining, and sitting room areas measure a total of 1,714 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 twelve (12) 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 twelve (12) male or female ambulatory adults whose diagnosis is developmentally disabled physically handicapped or aged 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, if needed. 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 intends to accept residents from Southwest Michigan Behavioral Health, Senior Care Partners, PACE, Lakeshore Regional Entity, Centracare, Area Agency on Aging or local community mental health agencies on a private payment basis.

In addition, the licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment and in-house activities

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

The applicant is Cretsinger Care Homes, LTD, which is a for profit corporation, established in Michigan, on 10/18/1994. Cretsinger Care Homes have owned and operated sixteen other AFC homes in the Calhoun County area with four others currently licensed. 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 Cretsinger Care Homes, LTD, have submitted documentation appointing Renee Kelly as Licensee Designee for this facility and Tracy Frey as the Administrator of the facility. A licensing record clearance request was completed with no convictions recorded for Renee Kelly or Tracy Frey. The licensee designee Renee Kelly and administrator Tracy Frey submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mrs. Renee Kelly has provided documentation to satisfy the qualifications and training requirements as licensee designee identified in the group home rules. Mrs. Kelly began her employment with Cretsinger Care Homes, LTD in 1999 as a direct care worker working directly with residents diagnosed with mental illness, developmental disability, physical handicap and/or were aged. Mrs. Kelly continued working in the adult foster care industry and was promoted in 2004 to administrator then in 2005 to licensee designee. Mrs. Kelly continues to own and operate four separate AFC facilities successfully. Mrs. Kelly has provided direct care to residents with physically handicapped, developmentally disabled, mental ill and aged and completed required trainings in accordance with AFC requirements for over 20 years.

Ms. Tracy Frey has provided documentation to satisfy the qualifications and training requirements as administrator identified in the group home rules. Ms. Frey has worked for Cretsinger Care Homes, LTD from 2004 to present as a direct care worker, with the role of home manager, and competently ran daily operations at multiple facilities. Ms. Frey is a certified instructor for the American Red Cross in CPR/first aide and has trained others in these areas over the past 10 years. She is also a certified to train resident rights and well as other required resident training and is responsible to train all new direct care staff hires. Ms. Frey has provided direct care to residents with physically handicapped, developmentally disabled, mental ill and aged throughout her 20 year employment with Cretsinger Care Homes, LTD.

The staffing pattern for the original license of this twelve-bed facility is adequate and includes a minimum of one-staff to 12 residents per shift, with one person on-duty during sleep hours. Direct care staff members whose titles are home manager and/or assistant manager will be on-site during daytime shifts and will be in addition to direct care staff.

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 has indicated 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 acknowledges 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s 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 designee 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 directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each 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 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, 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 acknowledges their 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 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 resident personal money transactions that have been agreed to be managed by the applicant.

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 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**

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 temporary license to this AFC adult medium group home with a capacity of twelve (12) residents.

*Kevin L. Sellers*

10/27/2023

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Kevin Sellers  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

11/03/2023

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Dawn N. Timm  
Area Manager

Date