



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 13, 2023

Jeanette Glasscoe  
Loving Care & Comfort (MJB2) LLC  
2013 Haydenbrook Drive NW  
Acworth, GA 30101

RE: Application #: AS230417819  
**Loving Care & Comfort (MJB2)**  
**414 Leland Place**  
**Lansing, MI 48917**

Dear Ms. Glasscoe:

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 #:** AS230417819

**Licensee Name:** Loving Care & Comfort (MJB2) LLC

**Licensee Address:** 2013 Haydenbrook Drive NW  
Acworth, GA 30101

**Licensee Telephone #:** (517) 391-4572

**Licensee Designee:** Jeanette Glasscoe

**Administrator:** Jeanette Glasscoe

**Name of Facility:** Loving Care & Comfort (MJB2)

**Facility Address:** 414 Leland Place  
Lansing, MI 48917

**Facility Telephone #:** (517) 391-4572

**Application Date:** 09/14/2023

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODOLOGY

09/14/2023	On-Line Enrollment.
09/15/2023	PSOR on Address Completed.
09/18/2023	Contact - Document Received Corporate application & EIN ltr
10/06/2023	Contact - Document Received 1326/RI 030 for Jeanette Glasscoe (referred to C Coburn for review).
10/12/2023	File Transferred To Field Office Lansing via SharePoint.
10/12/2023	Application Incomplete Letter Sent emailed to licensee.
10/13/2023	Contact - Document Received from licensee.
10/15/2023	Contact - Document Received from licensee.
10/16/2023	Contact - Document Received from licensee.
10/17/2023	Contact - Document Received from licensee.
10/20/2023	Contact - Document Received from licensee.
10/30/2023	Contact - Document Received from licensee with floor plans.
10/30/2023	Contact - Telephone call made with licensee, Jeanette Glasscoe, scheduling original onsite inspection.
10/30/2023	Application Complete/On-site Needed onsite scheduled.
11/06/2023	Inspection Completed On-site.
11/06/2023	Inspection Completed-BCAL Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Loving Care & Comfort (MJB2) LLC is a large two-story ranch home constructed on a finished full basement located at 414 Leland PI Lansing, Michigan in Eaton County. There are multiple restaurants and convenience stores, Waverly Public Schools and New Covenant Christian School located less than a one mile of the home. Direct care staff and visitor parking is located in the driveway of the facility with ample amount of space.

The main level of the facility consists of resident bedroom # 1, full bathroom # 1, large living room and dining room, office, kitchen, family room along with entrance to a sitting area on a wooden deck attached to the rear of the home. The second-floor stairs are located at the front entrance and lead to resident bedroom # 2, resident bedroom # 3, resident bedroom # 4 along with full bathroom # 2 are located on the second floor of the home. The finished basement consists of a television/game room, activity room, prayer room, storage room, laundry room along with a private bedroom for the licensee designee. Residents have access to both full bathrooms, kitchen, living room and dining room, television/game room, activity room, laundry room and prayer room.

There are two separate approved means of egress with one located at the driveway entrance of the facility and the second located exiting the patio doors off the kitchen area to the wooden deck to the backyard of the facility. However, neither exit is wheelchair accessible so the facility is not wheelchair accessible and cannot accept residents who required the regular use of a wheelchair to assist with mobility.

The facility utilizes public water supply and public sewage disposal 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 furnace and hot water heater were observed in the mechanical room located in the basement. The furnace and hot water heater use natural gas, were inspected by a licensed professional on 10/26/2023 and found to be in fully operational order. The mechanical room housing the furnace and hot water heater are in a room constructed of materials having a 1-hour-fire resistance rating.

The facility is equipped with a hardwired interconnected blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. 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, hallway on the second floor and outside the mechanical room in the basement of the facility. 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' 0" X 12' 0"	144 sq. ft.	2
2	13' 0" X 10' 0"	130 sq. ft.	2
3	9' 0" X 10' 0"	90 sq. ft.	1
4	10' 0" X 10' 0"	100 sq. ft.	1

The living, dining, and sitting room areas measure a total of 1,428 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 or female ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, mentally ill and 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. The applicant intends to accept referrals from Community Mental Health of Clinton, Eaton, and Ingham Counties, Department of Health and Human Services and/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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources such as Tri-County Office on Aging for recreational activities, local libraries with books for residents. The program will utilize board games, cards, puzzles, coloring books, exercise equipment, activities, and crafts. The program will utilize resources to provide an environment to enhance the quality of life of residents and will offer outings, church programs, shopping, and dining in the community. These resources provide an environment to enhance the quality of life and increase the independence of residents.

It is the intent of this facility to utilize local community resources including public schools, libraries, church services through Mount Hope Church, shopping centers, local parks and available on-site beautician/barber services. The facility will offer a variety of supplies for at home entertainment, including craft supplies, coloring supplies, games, music and movies. Activity groups are coordinated and led by direct care staff as well as group gatherings through Mount Hope Church. Community outings are scheduled with consideration to requested destination, availability of transportation, level of resident interest, availability of staff and weather. Residents are responsible for their own purchases on outings.

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

The applicant is Jeanette Glasscoe under the name Loving Care & Comfort (MJB2) LLC, which is a "For Profit Corporation", established in Michigan, on 09/13/2023. Loving Care & Comfort (MJB2) LLC has submitted documentation appointing Jeanette Glasscoe as licensee designee and administrator of the facility. Ms. Jeanette Glasscoe 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.

A licensing record clearance request was completed with no convictions recorded for Ms. Jeanette Glasscoe. Ms. Glasscoe submitted a medical clearance request with statements from a physician documenting her good health and current TB negative results.

Ms. Jeanette Glasscoe has provided documentation to satisfy the qualifications and training requirements as licensee designee and administrator identified in the group home rules. Ms. Glasscoe has previously been the licensee designee and administrator of an adult foster care (AFC) small group home six resident bed facility with special certification for physically handicapped, mentally ill, developmentally disabled and/or aged since 01/09/2019. Prior to Ms. Glasscoe becoming the licensee designee and administrator, she worked a 1 ½ years as a direct care worker in an AFC home assisting residents in these populations. Ms. Glasscoe continues to own and operate two separate AFC facilities successfully. Ms. Glasscoe has completed all required trainings in accordance with AFC requirements for over 5 ½ years.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff-to-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 has indicated direct care staff will not be awake during sleeping hours.

The applicant acknowledges 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 acknowledges 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 resident

medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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 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 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 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 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. The applicant acknowledges 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 temporary license to this AFC adult small group home capacity of (6) six residents.

*Kevin L. Sellers*

11/13/2023

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Kevin Sellers  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

11/17/2023

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Dawn N. Timm  
Area Manager

Date