



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 18, 2023

Quenten Flint  
Plainview Adult Care II, LLC  
202 Plainview Dr  
Auburn, MI 48611

RE: Application #:	AL090413023 Plainview Adult Care II 202 Plainview Dr Auburn, MI 48611
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Dear Quenten Flint:

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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL090413023
<b>Licensee Name:</b>	Plainview Adult Care II, LLC
<b>Licensee Address:</b>	202 Plainview Dr Auburn, MI 48611
<b>Licensee Telephone #:</b>	(989) 662-7202
<b>Administrator/Licensee Designee:</b>	Quenten Flint
<b>Name of Facility:</b>	Plainview Adult Care II
<b>Facility Address:</b>	202 Plainview Dr Auburn, MI 48611
<b>Facility Telephone #:</b>	(989) 662-7202
<b>Application Date:</b>	06/17/2022
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

## II. METHODOLOGY

06/17/2022	On-Line Enrollment
06/28/2022	Contact - Document Sent emailed Inc app ltr, 1326, RI-030 and AFC 100
08/30/2022	Contact - Telephone call received licensee called about status-resent email
10/07/2022	Application Incomplete Letter Sent Sent via email, along with Public Act 218, Large group home rule book, and TA manual.
01/24/2023	Inspection Completed On-site
01/24/2023	Inspection Completed-BCAL Sub. Compliance
1/31/2023	Confirming Letter Sent
02/08/2023	Inspection Completed- Fire Safety: A
12/13/2023	Application Complete- On-site needed
12/13/2023	Inspection Completed On-site
12/13/2023	Inspection Completed- Environmental Health: A
12/13/2023	Inspection Completed- BCAL Full Compliance
12/14/2023	LSR Generated
12/18/2023	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

Plainview Adult Care II is a single story, ranch styled building, with a wood frame and vinyl siding. There are 20 private bedrooms all of which have more than ample square footage for the single occupancy bedroom size. Thirteen of the bedrooms have a half bath in the bedroom. Seven bedrooms also have full bathroom facilities available. The facility also has a library, a combined dining/living area, kitchen, physical therapy room, a private family dining area, beauty salon, laundry room, two shower rooms, an office, staff breakroom, and two half-bathrooms. There is ample parking located in the front of the building.

The facility is located at 202 Plainview Dr. Auburn, MI 48611. The facility was previously licensed as Planview Assisted Living (AL090311311) and has been continuously licensed since 07/11/2011.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The furnace inspection was completed on 02/16/2023 was determined to be in working order. The Bureau of Fire Services inspected and approved this home on February 8, 2023, regarding requirements for fire safety. The facility has public water and public sewer service. On 12/13/2023, I inspected and approved this home regarding environmental requirements.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-3, 6-13	12 x 24.5	294 sq ft	1 (each room), 11 total
4, 5	14.4 x 16	230.4 sq ft	1 (each room), 2 total
14- 20	16 x 24	384 sq ft	1 (each room), 7 total

The living, dining, and sitting room areas measure a total of 2,464 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.

The facility is wheelchair accessible.

**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, aged 30 and older, whose diagnosis is physically handicapped, developmentally disabled, aged and Alzheimer’s, 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. Residents will be referred from: A & D Waiver, Region 7, Nursing homes, and hospitals.

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 assist residents with connecting with outside agencies for transportation for program and medical needs. The resident and/or family members are responsible for any related charges for transportation services. 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, libraries, and churches.

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

The applicant is Plainview Adult Care II, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, 01/01/2022. 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 Plainview Adult Care II, L.L.C. has submitted documentation appointing Quenten Flint as Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator 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 20-bed facility is adequate and includes a minimum of 2 staff -to- 20 residents. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training 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)), L-1 Identity Solutions™ (formerly Identix ®), 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 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 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 of 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 of the documents contained within each resident's file.

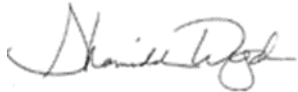
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

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 adult foster care large group home (capacity 1 - 20).




12/18/2023

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Shamidah Wyden  
Licensing Consultant

Date

Approved By:



12/18/2023

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Mary E. Holton  
Area Manager

Date