



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 4, 2024

Joyce Michalski
Bradford-Hall Bay View Gardens Assisted Living & Memory Care LLC
103 N. Almer
Caro, MI 48723

RE: Application #: AL320418038
Bay View Gardens Memory Care AFC
628 E. Main St
Sebewaing, MI 48759

Dear Joyce Michalski:

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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-------------------------------|--|
| License #: | AL320418038 |
| Applicant Name: | Bradford-Hall Bay View Gardens Assisted Living & Memory Care LLC |
| Applicant Address: | 103 N. Almer Caro, MI 48723 |
| Applicant Telephone #: | (989) 883-9902 |
| Licensee Designee: | Joyce Michalski |
| Administrator: | Jacob Boynton |
| Name of Facility: | Bay View Gardens Memory Care AFC |
| Facility Address: | 628 E. Main St Sebewaing, MI 48759 |
| Facility Telephone #: | (989) 883-9902 |
| Application Date: | 10/31/2023 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED |

II. METHODOLOGY

| | |
|------------|---|
| 07/18/2023 | Inspection Completed-Fire Safety: A Phone call to Fire Marshal Dan Stasa. He stated the inspection completed for current license AL320293084 is good for the new license AL320418038. It is good for 365 days. |
| 10/31/2023 | Enrollment |
| 11/13/2023 | PSOR on Address Completed |
| 11/13/2023 | Application Incomplete Letter Sent Requested 1326&RI030 for Joyce and AFC100 for Jacob |
| 11/13/2023 | Contact - Document Sent forms sent |
| 11/27/2023 | Contact - Document Sent emailed app incomplete letter and forms per request |
| 11/28/2023 | Contact - Document Received 1326 and AFC 100 |
| 11/29/2023 | File Transferred to Field Office |
| 01/02/2024 | Application Incomplete Letter Sent |
| 02/14/2024 | Inspection Completed On-site |
| 02/14/2024 | Inspection Completed-Env. Health: A |
| 02/14/2024 | Application Complete-Onsite needed |
| 02/14/2024 | Inspection Completed-BCAL Full Compliance |
| 02/23/2024 | Contact – Document Received Received zoning approval from Sebewaing Village |
| 03/04/2024 | Recommend License Issuance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bay View Gardens Memory Care is being purchased on a land contract from Medallion Village AFC. Bay View Gardens Memory Care AFC is located within the quiet rural village of Sebewaing in a residential area of a short walk from the downtown business district. The home is situated within what was once the local school building and is connected directly adjacent to a senior apartment complex located within the same renovated school structure. The AFC is separated from the rest of the building by way of a two-hour fire wall separation and is fully self-contained and self-sufficient. Bay View Gardens Memory Care AFC was previously licensed as Medallion Village AFC (AL3202930840) from September 29, 2008, until the issue of this license.

The home contains ten units/rooms which surround a common dining and social/leisure area. Each of these ten units/rooms has a shared bedroom for two residents, a shared full bathroom, and a semiprivate living room area. A bathroom for visitors is located in the living room/leisure area of the facility. Water and sewerage are provided by the municipal water/sewer department.

The home contains two boilers, and a hot water heater are located in the boiler room that is constructed of material that has a 1-hour-fire-resistance rating. The boilers were inspected by the State on December 19, 2022, and the inspection will not expire until December 19, 2025. 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 State Fire Marshal gave this facility an 'A' rating, full approval on July 18, 2023.

On February 14, 2024, I conducted an onsite inspection and concluded the facility was in compliance with the environmental health requirements and gave it a full approval, 'A' rating.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|------------------|----------------------|---------------------|
| Unit 1 | 28' 4" X 28' 8" | 812 Sq. ft. | 2 |
| Unit 3 | 28' X 26' 7" | 744 Sq. ft. | 2 |
| Unit 4 | 28' 4" X 28' 8" | 812 Sq. ft. | 2 |
| Unit 5 | 27' 3" X 27' 3" | 742 Sq. ft. | 2 |
| Unit 6 | 28' X 26' 7" | 744 Sq. ft. | 2 |
| Unit 7 | 28' 4" X 28' 8" | 812 Sq. ft. | 2 |
| Unit 10 | 28' 7" X 28' 10" | 824 Sq. ft. | 2 |
| Unit 11 | 29' X 28' 7" | 828 Sq. ft. | 2 |
| Unit 12 | 28' 7" X 28' 8" | 819 Sq. ft. | 2 |
| Unit 13 | 28' 7" X 28' 8" | 819 Sq. ft. | 2 |

The living, dining, and sitting room areas measure a total of 1935 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.

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 ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, aged, or Alzheimer's in the least restrictive environment possible, ages 50-99. The facility is wheelchair accessible and wheelchair users will be accepted. 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 local mental health agencies, Department of Health and Human Services, and the general community.

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 not provide all transportation for program and medical needs. 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 and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Bradford Hall L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 05/01/2023. 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 Bradford Hall L.L.C. has submitted documentation appointing Joyce Michalski as Licensee Designee for this facility and Jacob Boynton as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and

administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Licensee Designee Joyce Michalski and Administrator Jacob Boynton administrator have 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 per shift and depending upon the needs of the residents, more staff may be needed. 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), 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.

Licensee Designee Joyce Michalski and Administrator Jacob Boynton acknowledge 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, they acknowledge 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 AFC adult large group home (capacity 13-20).




03/04/2024

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



03/04/2024

Mary E. Holton
Area Manager

Date