



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 22, 2024

Brenda Rubel  
Lacey's, LLC  
11981 Potters Road  
Lowell, MI 49331

RE: Application #: AM340417127  
**Lacey's, LLC**  
**11981 Potters Road**  
**Lowell, MI 49331**

Dear Ms. Rubel:

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 9 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 black ink, appearing to read "Amanda Blasius".

Amanda Blasius, 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**

<b>License #:</b>	AM340417127
<b>Licensee Name:</b>	Lacey's, LLC
<b>Licensee Address:</b>	11981 Potters Road Lowell, MI 49331
<b>Licensee Telephone #:</b>	(616) 295-2201
<b>Licensee Designee:</b>	Brenda Rubel
<b>Administrator:</b>	Darcy Sipione
<b>Name of Facility:</b>	Lacey's, LLC
<b>Facility Address:</b>	11981 Potters Road Lowell, MI 49331
<b>Facility Telephone #:</b>	(616) 897-0799
<b>Application Date:</b>	07/19/2023
<b>Capacity:</b>	9
<b>Program Type:</b>	MENTALLY ILL AGED ALZHEIMERS

## II. METHODOLOGY

06/20/2023	Inspection Completed-Fire Safety : A
07/19/2023	On-Line Enrollment
07/26/2023	Application Incomplete Letter Sent- 1326a, RI-030, & AFC-100
10/25/2023	PSOR on Address Completed
10/25/2023	Contact - Document Received- 1326, AFC100, IRS letter, copy of app, MC
10/27/2023	Contact - Document Sent- emailed Brenda Rubel requesting correct FPs
11/13/2023	Contact - Document Received- RI030 for Brenda Rubel
11/17/2023	Application Incomplete Letter Sent to Brenda Rubel
12/28/2023	Inspection Report Requested – Health- Inv 1034134
12/28/2023	Application Incomplete Letter Sent to Brenda Rubel-
01/22/2024	Documentation received from Brenda Rubel
01/28/2024	Documentation received from Brenda Rubel
01/31/2024	Documentation received from Brenda Rubel
02/15/2024	Email contact with Brenda Rubel
02/20/2024	Documentation received from Brenda Rubel
03/01/2024	Application Complete/On-site Needed
03/04/2024	Inspection Completed On-site
03/12/2024	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Lacey's LLC is an eight-bedroom ranch home which is in a rural area of Lowell, MI, within Keene township. The home is located on four acres. The AFC home has seven bedrooms available for residents. All resident bedrooms are located on the main floor in

two long hallways. At the end of each long hallway is an exit, that leads to an approved wheelchair ramp. In the hallway to the right of the kitchen and living room are three bedrooms, a full bathroom with barrier free shower, an office and a small pantry with a fridge and freezer. To the left of the kitchen and dining room is a hallway with four bedrooms, a full bathroom with a shower/tub combo and laundry room. Two of the seven bedrooms are large enough for two residents. Lacey's LCC has beds available for nine residents.

The living room of the home is located on the main floor and is a large room which overlooks the front of the home. The living room contains seven reclining chairs and a large TV. The living room also contains a front door, that welcomes visitors not needing a wheelchair or walker assistance. The living room is open to the dining room and kitchen. The dining room contains two tables that seat nine altogether. The kitchen is located next to the dining room and contains one fridge with a freezer and enough storage space for food, appliances, and cooking supplies. The dining room and kitchen overlook the back deck and yard. An egress door is in the dining room and leads to the back deck. The back deck has an additional outdoor table, that seats six. Railings are located on each side of the deck and located on the three stairs that lead to the grass.

A door to the basement is located within the dining room. The door is a 1 ¾ solid inch door, equipped with an automatic self-closing device and positive latching hardware. Stairs lead to the basement. The basement is currently unoccupied but is set up for an adult household member to live. The basement includes a kitchen area, living room with an approved egress window, bedroom with an approved egress window, a bathroom and an enclosed furnace and utility room. Residents do not use the basement for recreational space or living space. Lacey's LCC has propane heat, and the furnace and hot water heater are in the basement within an enclosed room, which has a 1 ¾ solid inch door, equipped with an automatic self-closing device and positive latching hardware. 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 facility is equipped with an approved pull station alarm system. The home was equipped with fire extinguishers on all levels and smoke detectors in all required areas. The original license for this AFC home was opened on 09/16/1996, therefore a sprinkler system was never installed and is not required due to the facility being continuously licensed. The only change with this new license is a new owner, as the previous owner has retired.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'8" X 12'11"	137.78	2 twin beds.
2	11'11" X 9'11"	118.17	1 twin bed.
3	9'11" X 11'11"	118.17	1 twin bed.
4	7'11" X 10'11"	86.42	1 twin bed

5	11'11" X 11'11"	142.01	2 twin beds.
6	11'11" X 12'11"	153.92	1 twin bed.
7	8'1" X 11'11"	96.33	1 twin bed.

The living, dining, and sitting room areas measure a total of 680.84 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate nine (9) 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 nine (9) male and female ambulatory adults whose diagnosis is aged, Alzheimer's disease or mentally impaired, in the least restrictive environment possible. The program will support the social, emotional, and directional needs of foster care residents living in the home. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Kent and Ionia County-DHS, Kent and Ionia County CMH, 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.

The licensee will provide limited 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. Beautician services are provided directly in the home for an additional charge.

**C. Applicant and Administrator Information:**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB negative results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Lacey's LCC will be serving ages 55-99, with the service types of aged, mentally ill and Alzheimer's. Ms. Rubel has a Bachelor of Science in Nursing Degree from 2022. She also provided verification that she has been a licensed registered nurse since 07/18/2021. Ms. Rubel reported that she has been a bed side nurse for the last 20 years and worked previously at Trinity Health and Mercy Health. Over the last two years she has worked as a direct care worker at the current facility, Lacey's Too. The administrator, Darcy Sipione, has been a nurse technician for the last 12 years at Spectrum Health and Mary Free Bed. Ms. Sipione was a patient care technician for five years at Trinity Health St. Marys, before working at Lacey's Too. She has been a direct care worker at Lacey's Too for the last two years.

The staffing pattern for the original license of this 9-bed facility is adequate and includes a minimum of 1 staff to 9 residents per shift. The applicant acknowledges that the staff 1 to 9 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 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 1 to 9 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 1 to 9 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 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 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 documents 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 the resident's 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**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of nine residents.



03/18/2024

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Amanda Blasius  
Licensing Consultant

Date

Approved By:



03/22/2024

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Dawn N. Timm  
Area Manager

Date