



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 22, 2024

Nancy Stanton  
Stone Ridge AFC, LLC  
4825 Fruin Rd  
Bellevue, MI 49021

RE: Application #: AL080415343  
**Stone Ridge AFC**  
**4825 Fruin Rd**  
**Bellevue, MI 49021**

Dear Ms. Stanton:

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 18 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 cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL080415343
<b>Licensee Name:</b>	Stone Ridge AFC, LLC
<b>Licensee Address:</b>	4825 Fruin Rd Bellevue, MI 49021
<b>Licensee Telephone #:</b>	(269) 758-3388
<b>Licensee Designee:</b>	Nancy Stanton
<b>Administrator:</b>	Nancy Stanton
<b>Name of Facility:</b>	Stone Ridge AFC
<b>Facility Address:</b>	4825 Fruin Rd Bellevue, MI 49021
<b>Facility Telephone #:</b>	(269) 758-3388
<b>Application Date:</b>	01/11/2023
<b>Capacity:</b>	18
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

01/11/2023	On-Line Enrollment
01/26/2023	PSOR on Address Completed
01/26/2023	Inspection Report Requested – Health 1033285
01/26/2023	Inspection Report Requested - Fire
01/26/2023	Contact - Document Sent BCAL 1712 to BFS and Fire Safety String to applicant via email
05/30/2023	Application Incomplete Letter Sent-2nd request 1326 and RI-030
08/14/2023	Application Incomplete Letter Sent-1326A
08/18/2023	File Transferred To Field Office
08/22/2023	Application Incomplete Letter Sent-via email to licensee designee Nancy Stanton.
09/11/2023	Inspection Completed-Fire Safety: A
12/08/2023	Contact - Document Received-Licensee documents
12/15/2023	Contact - Document Received-Facility Documents
12/19/2023	Inspection Completed-Fire Safety: C
01/31/2024	Application Complete/On-site Needed
02/07/2024	Inspection Completed On-site
02/07/2024	Inspection Completed- Env. Health: A
02/09/2024	Confirming Letter
02/11/2024	Contact - Document Received-Front door alarm correction video
3/22/2024	Inspection Completed-Fire Safety: A
3/22/2024	Inspection Complete-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This facility has been licensed as an adult foster care home since 2018 and is now undergoing a change in licensee or a change in ownership.

This facility is a recently constructed, vinyl siding ranch style home with a fully finished basement located in a quiet rural area in Bellevue, Michigan of Barry County. This facility sits on 4 acres of land with very nice landscaping and ample parking in the front and rear of the facility for staff members and visitors. Residents will occupy the main level of the home only. The lower level of the facility will be used for staff meetings and storage. The main level includes a large living room, kitchen, and dining room. The north wing of the main level includes 10 resident bedrooms, and 7 resident bedrooms are on the south wing of the facility which also includes a supply room, medication room and staff office. There is a laundry room outfitted with a toilet and shower for staff and resident use, beauty salon equipped with a toilet and shower for resident use, four half resident bathrooms and one full resident bathroom equipped with a walk-shower. There are two full resident bathrooms in total. The facility is wheelchair accessible and has three approved means of egress that are wheelchair accessible from the main level. The facility utilizes a private water supply and sewage disposal system. On 2/16/2023, the facility received an "A" rating from the Barry Eaton District Health Department.

There are two gas hot water heaters and two gas furnaces located in the basement of the facility in an enclosed furnace room constructed of material which has a 1-hour-fire resistance rating that is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The door leading to the basement at the top of the stairs is equipped with at least a 1-3/4-inch solid core wood door to create floor separation between the basement and the main level.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment and is fully sprinkled. Fire extinguishers are on the main level and basement of the facility. On 3/20/2024, the facility was determined by the Bureau of Fire Services to be in compliance with applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'6" x 13'5"	141 sq ft	1
2	10'1 x 13'5"	135 sq ft	1
3	13'5 x 16'6"	221 sq ft	1

4	10'8" x 13'5"	144 sq ft	1
5	10'9" x 13'5"	145 sq ft	1
6	10'4" x 13'5"	139 sq ft	1
7	10'1" x 13'5"	135 sq ft	1
8	10'8" x 16'6"	221 sq ft	1
9	10'8" x 13'5"	144 sq ft	1
10	10'9" x 13'5"	145 sq ft	1
11	10'1" x 13'5"	135 sq ft	1
12	10'6" x 13'5"	141 sq ft	1
13	10'6" x 13'5"	141 sq ft	1
14	10'8" x 13'5"	144 sq ft	1
15	13'5" x 16'6"	221 sq ft	2
16	10'1" x 13'5"	135 sq ft	1
17	10'4" x 13'5"	139 sq ft	1

The indoor living and dining areas measure a total of 2520 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 18 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

**B. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to 18 male or female residents who are aged or who have Alzheimer's Disease. The program will include life enrichment activities such as guest entertainers, parties, themed meals, arts and crafts, exercise, gardening, worship services and music therapy for resident activities and recreation. The program will strive to identify, emphasize, build on a resident's abilities, encourage independence, develop meaningful relationships, encourage community involvement, and seek opportunities to celebrate life. Staff members will recognize persons with dementia as unique individuals, and adapt the care provided to meet specific resident needs, abilities, and interests. The applicant will assist with facilitating transportation to medical appointments or facilitate in-home services. The applicant intends to accept residents with private sources for payment.

**If needed by residents,** behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the Barry County Commission on Aging as well as the local library, shopping centers and churches. These resources provide an environment to enhance the quality of life and increase the independence of residents.

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

The applicant is Stone Ridge AFC, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 1/11/2023. 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 members of Stone Ridge AFC, L.L.C. have submitted documentation appointing Nancy Stanton as licensee designee for this facility and the administrator of the facility.

Criminal history background check of Nancy Stanton was completed, and she was determined to be of good moral character to provide licensed adult foster care. Nancy Stanton submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Nancy Stanton have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Nancy Stanton has been working with the aged and individuals with Alzheimer’s population at Stone Ridge AFC under the previous licensee as a direct care staff member for over three years and has over 30 years of experience working with the aged population in a private home setting.

The staffing pattern for the original license of this 18 bed facility is adequate and includes a minimum of two (2) staff for 18 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights. The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged 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 six-month temporary license to this adult foster care family home with a capacity of 18 residents.



Ondrea Johnson  
Licensing Consultant

3/22/2024  
Date

Approved By:



03/22/2024

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Dawn N. Timm  
Area Manager

Date