



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 12, 2024

Wendy Morris  
One Way Management LLC  
6664 Vintage Dr  
Hudsonville, MI 49426

RE: Application #: AS330417821  
**Brighter Horizons Assisted Living  
King Jr Blvd  
5455 S Martin Luther  
Lansing, MI 48911**

Dear Wendy Morris:

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,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

|                              |   |
|------------------------------|---|
| <b>License #:</b>            | AS330417821   |
| <b>Licensee Name:</b>        | One Way Management LLC                                    |
| <b>Licensee Address:</b>     | 6664 Vintage Dr<br>Hudsonville, MI 49426                  |
| <b>Licensee Telephone #:</b> | (616) 610-2964  |
| <b>Administrator:</b>        | Wendy Morris  |
| <b>Licensee Designee:</b>    | Wendy Morris  |
| <b>Name of Facility:</b>     | Brighter Horizons Assisted Living                         |
| <b>Facility Address:</b>     | 5455 S Martin Luther<br>King Jr Blvd<br>Lansing, MI 48911 |
| <b>Facility Telephone #:</b> | (517) 721-1085  |
| <b>Application Date:</b>     | 09/14/2023  |
| <b>Capacity:</b>             | 6   |
| <b>Program Type:</b>         | AGED  |

## II. METHODOLOGY

|            |  |
|------------|--|
| 09/14/2023 | On-Line Enrollment   |
| 09/15/2023 | PSOR on Address Completed  |
| 10/09/2023 | Contact - Document Received<br>1326/RI 030 for Wendy Morris (referred to C Coburn for review)  |
| 10/11/2023 | File Transferred To Field Office<br>Lansing via SharePoint   |
| 10/12/2023 | Application Incomplete Letter Sent<br>letter sent to secretary C. Schilling to print and mail due to no email on file for licensee designee.   |
| 10/20/2023 | Contact - Telephone call received<br>Spoke to licensee's investor.   |
| 11/07/2023 | Contact - Document Sent<br>Sent licensee's investor email containing BCHS YouTube link   |
| 11/28/2023 | Contact - Document Received<br>Received the following via email from Ben Striegle:<br>admission/discharge/refund statements, deed and closing docs, electrical/smoke detector inspections, evac/floor plan, evac plan and emergency preparedness plans, furnace inspection, org chart/staffing pattern, proposed budget/profit/loss statement, personnel policies, and procedures, |
| 11/30/2023 | Inspection Completed-BCAL Sub. Compliance<br>Upon review of licensee's documentation, I determined some items were still needed. Sent confirming letter based on my review.  |
| 12/01/2023 | Contact - Document Sent<br>Sent confirming letter via email to investor, Mr. Striegle.<br>Requested 12/20 as original inspection of facility.  |
| 12/20/2023 | Inspection Completed On-site   |
| 12/20/2023 | Inspection Completed-BCAL Sub. Compliance  |
| 12/20/2024 | Inspection Completed-Env. Health : A<br>By BCHS staff  |
| 01/18/2024 | Corrective Action Plan Received  |
| 01/19/2024 | Corrective Action Plan Approved  |

|            |   |
|------------|---|
| 01/19/2024 | Contact - Document Sent<br>Sent CAP approval letter via email   |
| 03/13/2024 | Contact - Document Received<br>floor plan, high school transcripts for LD/Administrator, and initial medical clearance for LD/Administrator.  |
| 03/13/2024 | CAP Compliance Verification<br>Smoke detectors tested during inspection (interconnected), floor repaired in hallway and bathroom, front ramp was installed on house - more secure, sliding door lock was disengaged, handrail installed on back steps, furnace is vented to outside. extension cords were removed, water heater room is now drywalled - acceptable finish material. |
| 03/13/2024 | Inspection Completed On-site  |
| 03/13/2024 | Inspection Completed-BCAL Sub. Compliance   |
| 04/09/2024 | Contact – Document Received<br>LD/Administrator required training verification.   |
| 04/11/2024 | Contact – Document Received<br>LD/Administrator required CPR/1 <sup>st</sup> aid training verification.   |
| 04/11/2024 | Inspection Completed-BCAL Full Compliance   |
| 04/11/2024 | Recommend License Issuance  |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Brighter Horizons Assisted Living is a single level, ranch style structure built on a concrete slab. The facility is located in southern Lansing, Michigan and is within 15 minutes of major grocery stores, shopping centers, and Michigan's state capital building. It is within a mile of I-96 highway and within three miles of I-496 highway, which passes through downtown Lansing. Due to the facility's location, it utilizes both a public water supply and sewage disposal system.

The facility has a small front yard with a larger back yard that has a covered deck for residents to enjoy. The backyard is fenced in, but it is non locking against egress. The facility has a small driveway, which can accommodate several vehicles for visitors and

staff. The home is wheelchair accessible and has at least two approved means of egress that are equipped with ramps. Wheelchair ramps are located at the front door main entrance and off the secondary exit, which is in the dining room.

The facility opens to the living room. Just beyond the living room is the kitchen and dining room. The facility's secondary exit is a sliding door located off the kitchen/dining room area. The sliding doors lead to a covered porch and the facility's second ramp. On the left side of the facility are two resident bedrooms and the facility's main bathroom. The bathroom consists of a sink, toilet, and stand-up shower. This bathroom only has an openable window rather than a fan for mechanical ventilation. The resident bedroom on the left side of the hallway also has an en-suite bathroom, which will only be utilized by the resident residing in the bedroom. This bathroom consists of a sink, toilet, and stand-up shower.

The right side of the facility consists of three resident bedrooms, the laundry room, and a third exit leading to the facility's backyard. Bedroom 4 and bedroom 5 also have split system heat pumps (e.g. "mini split") near the baseboards on the walls. These mini split systems are electric devices that provide additional heat and cooling to these areas. All the bedrooms in the facility are resident bedrooms.

The furnace is located on the same level as the resident bedrooms and living space near the facility's main bathroom. The furnace is enclosed in a room that is constructed of drywall that has a one-hour fire resistance rating. The furnace room has a door that is 1 ¾ inch solid wood that is equipped with an automatic self-closing device and positive-latching hardware. The license submitted documentation the furnace and electrical system were inspected on 11/13/2023 and 11/04/2023, respectively, and both were determined to be functioning and in good working condition.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was inspected by a licensed electrician on 11/04/2023. Smoke detectors are located in each bedroom, the hallways, near the furnace and laundry rooms, and near the living room area.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 9'6" x 11'8"    | 110 sq ft            | 1                   |
| 2         | 11'8" x 11'9"   | 137 sq ft            | 1                   |
| 3         | 9'11" x 11'9"   | 116 sq ft            | 1                   |
| 4         | 11'6" x 19'2"   | 220 sq ft            | 2                   |
| 5         | 13'10" x 12'1"  | 167 sq ft            | 1                   |

The indoor living and dining areas measure a total of 289 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 six (6) 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 **six (6)** male or female ambulatory or non-ambulatory adults whose diagnosis is aged, in the least restrictive environment possible. The program will include activities relating to dressing, bathing, toileting, passing medication, interacting with staff and other residents, serving and preparing meals, daily housekeeping and laundry, as well as other basic care needs. The facility's direct care staff will display competencies in reporting requirements, cardiopulmonary resuscitation (CPR)/1<sup>st</sup> aid, personal care, supervision and protection, resident's rights, safety and fire prevention, prevention and containment of communicable diseases, medication guidelines, and resident safety. The applicant intends to accept residents from local area agencies on aging, senior services, or private pay as referral sources.

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 transportation for program and medical needs, as agreed upon in the Resident Care Agreement. 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 One Way Management LLC., which is a "Domestic Limited Liability Company", was established in Michigan, on 04/27/2016. 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 sole member of One Way Management LLC, Benjamin Striegle, submitted documentation appointing Wendy Morris as both the Licensee Designee and Administrator for the facility. A licensing record clearance request was completed and identified no LEIN convictions for Wendy Morris. Wendy Morris also submitted a medical clearance request with statements from a physician documenting her good health and TB negative results.

Wendy Morris, identified as both the licensee designee and administrator, provided documentation satisfying the qualifications and verifying the training requirements

identified in the administrative group home rules. She has worked in an adult foster care setting for the aged population as both a manager and direct care staff for approximately 13 years. As a manager, Wendy Morris supervised employees and remained in compliance with all State of Michigan licensing requirements. She has also provided direct care to six residents by completing their activities of daily living, administering medications, preparing meals, providing, and assisting residents in activities, transporting residents to medical visits, charting, and documenting care provided to residents.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 6 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 that direct care staff will 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 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 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, 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 of 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 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 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 six-month temporary license to this adult foster care small group home with a capacity of six residents.

*Cathy Cushman*

04/03/2024

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Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

04/12/2024

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Dawn N. Timm  
Area Manager

Date