



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 2, 2022

Lisa Ott  
Divine Grace Country Home LLC  
P.O. Box 243  
Baroda, MI 49101

RE: Application #: AS110412629  
Divine Grace Country Home  
7720 Wright Road  
Niles, MI 49120

Dear Mrs. Ott:

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 "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS110412629
<b>Applicant Name:</b>	Divine Grace Country Home LLC
<b>Applicant Address:</b>	1325 Wagner Road Galien, MI 49113
<b>Applicant Telephone #:</b>	(269) 449-4285
<b>Administrator/Licensee Designee:</b>	Lisa Ott
<b>Name of Facility:</b>	Divine Grace Country Home
<b>Facility Address:</b>	7720 Wright Road Niles, MI 49120
<b>Facility Telephone #:</b>	(269) 684-5069 04/19/2022
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

04/19/2022	Enrollment
04/19/2022	Contact - Document Received 1326,afc 100, ri030 mc
06/14/2022	Application Incomplete Letter Sent
07/27/2022	Contact - Document Received updated app and fee CHK#3903 Am:\$50.00
08/11/2022	PSOR on Address Completed
08/11/2022	Inspection Report Requested - Health invoice No : 1032902
08/12/2022	Application Incomplete Letter Sent
11/14/2022	Contact - Document Received Photographs received and repairs to physical plant.
11/21/2022	Inspection Completed On-site
11/29/2022	Inspection Completed On-site

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Andrew and Lisa Ott have an agreement in place to purchase an existing adult foster care facility (AS110301777) that is currently operating in good standing. On file is proof of ownership and permission to inspect the property.

The home is located in rural Berrien Township approximately six miles from Niles, MI. The surrounding area is a mixture of farmland, residential and wooded areas. The home is a tri-level, wood framed home. The main/ground level has six private bedrooms each with a ½ bathroom. This level also includes a kitchen, dining room, living room, laundry room and an enclosed heated plant room. There is also a full bathroom on the main level where the residents will shower. On the north end of the home there is an upper and lower level. The upper level contains a bedroom and full bathroom. The lower level contains two bedrooms, full bathroom and a storage room. There is also a large unattached garage. There are two live-in staff members (married couple) who occupy the north end of the home. The home is in compliance with the space requirements.

The home has a private water and sewer system that was inspected and approved by the Berrien County Health Department on 2/22/22. A copy of the report is on file. My on-site inspections verified the home is in substantial compliance with rules pertaining to Environmental Health.

On-site inspections verified the home is in substantial compliance with all fire safety rules. The home has an approved inter-connected smoke detection system. There is an electric water heater in the lower-level storage room. An enclosed and approved heat plant room is located on the first floor and is accessible from the outside of the home. The home utilizes propane for the furnace and hot water heater.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'7" x 8'8"	83.06	1
2	9'6" x 8'7"	81.54	1
3	9' 8" x 8'11"	86.19	1
4	8'11" x 7'7"	84.48	1
5	9'6" x 8'8"	82.33	1
6	9'10" x 7'11"	80.24	1

The living, dining, and sitting room areas measure a total of 508square 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 **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 adults whose diagnosis is developmentally disabled, aged, physically handicapped or mentally impaired, 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. The applicant intends to accept residents from Berrien County-MDDHS or private pay individuals as a referral source.

The applicant will provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. In addition to the above program elements, 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 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 Bulldog Property Investment, L.L.C., which is a "Domestic Limited Liability Company", established in Michigan. 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 Bulldog Property Investment, L.L.C. have submitted documentation appointing Lisa Ott as Licensee Designee for this facility and Andrew Ott as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the appointed licensee designee, Lisa Ott and administrator, Andrew Ott. Mr. and Ms. Ott submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Mr. and Ms. Ott submitted provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. and Mrs. Ott have high school diplomas from Galien High School. Ms. Ott also holds an associate degree from Lake Michigan College in early childhood education. Mr. and Ms. Ott have experience caring for adult relatives who suffer from chronic physical and mental health problems. Specifically, they have been caring for Mr. Ott's mother who suffers from Dementia since 2013 and cared for Mr. Ott's father while he was in Hospice from June 2019 until his passing in August 2019. They are also assisting in the care of Mr. Ott's uncle who had a stroke in 2021.

The staffing pattern for the original license of this 6 (six) bed facility is adequate and includes a minimum of one (1) staff -to- six (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 live at the facility and will 24 hour care and supervision.

The applicant acknowledges 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 acknowledges 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 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 resident 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 Rule Violation**

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

#### IV. RECOMMENDATION

I recommend the issuance of a six-month temporary small group home adult foster care license, and special certification for the developmentally disabled and mentally ill populations, with a licensed capacity of six (6).



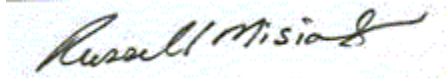
12/6/22

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Nile Khabeiry  
Licensing Consultant

Date

Approved By:



12/15/22

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Russell B. Misiak  
Area Manager

Date





