



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2024

Sunil Rangwani
Healthy Transitions, LLC
120 E. Warwick Dr.
Alma, MI 48801

RE: Application #: AS290416300
Healthy Transitions
317 E. Warwick Dr. Ste B
Alma, MI 48801

Dear Mr. Rangwani:

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, 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

License #:	AS290416300
Applicant Name:	Healthy Transitions, LLC
Applicant Address:	120 E. Warwick Dr. Alma, MI 48801
Applicant Telephone #:	989-388-1834
Licensee Designee:	Sunil Rangwani
Administrator:	Rhonda Wonch & Justine Mizer
Name of Facility:	Healthy Transitions
Facility Address:	317 E. Warwick Dr. Ste B Alma, MI 48801
Facility Telephone #:	(989) 463-2779
Application Date:	04/27/2023
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODOLOGY

04/27/2023	Enrollment
04/27/2023	Application Incomplete Letter Sent App Inc Ltr w/1326, RI-030, AFC-100, and returning 569 for completion.
04/27/2023	Inspection Report Requested - Fire Fire Safety
06/16/2023	Contact - Document Received 1326A and RI-030
07/21/2023	sent request to have fingerprints uploaded.
07/21/2023	PSOR on Address Completed
08/31/2023	Application Incomplete Letter Sent to Rhonda Wonch
02/01/2024	Application Incomplete Letter Sent Reviewed documents and sent an update of items needed.
05/31/2024	Application Complete/On-site Needed
06/07/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Healthy Transitions is located in a remodeled office building within the city of Alma. Healthy Transitions is a single level facility, with six resident bedrooms, two full bathrooms and a half bathroom. Upon entering the main entrance of the home is the living room, which offers two chairs a couch, TV and electric fireplace. The living room opens to a dining room and kitchen. The dining room has a table that seats eight. Off from the dining room and kitchen are two hallways. The hallway to the right, includes a staff office, pantry, cleaning closet, resident meditation room, medication room and staff break room. The hallway to the left of the dining room includes a half bathroom, private telephone room, six private resident bedrooms, two full bathrooms and a laundry room. Healthy Transitions is wheelchair accessible and has two approved means of egress, one at the main entrance and another exit at the back of the facility. The facility is ground level; therefore, wheelchair ramps are not needed. The outside of the facility offers cement sidewalks and a cemented parking lot. Healthy Transitions utilizes public water and sewage systems.

The gas furnace is located on the roof of the building. The furnace was inspected on 03/10/2024 by Elite Heating and Cooling. Elite Heating and Cooling reported the furnace to be in safe operating condition. To access the roof, the ladder is located within the mechanical room. The mechanical room is located within the staff break room, which is in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The hot water heater is located in the mechanical room which has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout due to having a special certification license.

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 14'11"	158	1 full size bed
2	9'7" X 10'8"	102	1 twin size bed
3	9'7" X 10'8"	102	1 twin size bed
4	9'2" X 10'8"	98	1 twin size bed
5	9'10" X 10'8"	105	1 twin size bed
6	10'8" X 8'9"	93	1 twin size bed

The living, dining, and sitting room areas measure a total of 267 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 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 mentally illness, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills, psychosocial rehabilitation setting with regular access to psychoeducational groups, peer support, and medical staff. 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 the Mid State Health Network, which includes the following agencies: Bay-Arenac Behavioral Health, CEI, CMH for Central Michigan, Gratiot Integrated Health Network, Huron County Community Mental Health, Lifeways Community Mental Health, Montcalm Care Network, Saginaw Co Community Mental

Health Authority, Shiawassee Health & Wellness, The Right Door and Tuscola Behavioral Health as a referral source.

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 Healthy Transitions, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 08/18/23. 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 Healthy Transitions, L.L.C. have submitted documentation appointing Sunil Rangwani as Licensee Designee for this facility and Rhonda Wonch and Justine Mizer as the Administrators of the facility. The licensee designee and administrators have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Sunil Rangwani is a licensed psychiatrist. He has been employed as a psychiatrist at Family Health Psychiatric & Counseling Center, PC since 1995. Mr. Rangwani has also been the Director of Geriatric Psychiatry at MidMichigan Medical Center-Gratiot since 1995. He has also served as the medical director for Gratiot Community Mental Health since 1997. Since 1993, Rhonda Wonch has worked for Family Health Psychiatric and Counseling Center as their business manager along with working with residents diagnosed with mental illness. The Center serves individuals needing mental health treatment. Justine Mizer has worked at Family Health Psychiatric Counseling Center as their behavioral health unit intake coordinator since 2021.

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

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 2 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) 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 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.

C. 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 temporary license to this AFC adult small group home with a capacity of six residents.



06/10/2024

Amanda Blasius
Licensing Consultant

Date

Approved By:



06/11/2024

Dawn N. Timm
Area Manager

Date