



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 29, 2024

Kentucky Avenue Opco LLC
Suite 200
7297 Nemco Way
Brighton, MI 48116

RE: Application #: AL800414607
River Ridge Retirement Village Specialized Care
706 Kentucky Avenue
South Haven, MI 49090

Dear Applicant:

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 20 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 (616)356-0101.

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, 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

License #:	AL800414607
Applicant Name:	Kentucky Avenue Opco LLC
Applicant Address:	4500 Dorr Street Toledo, OH 43615
Applicant Telephone #:	(419) 247-2800
Licensee Designee:	Martila Sanders
Administrator:	Audrey Henriquez
Name of Facility:	River Ridge Retirement Village Specialized Care
Facility Address:	706 Kentucky Avenue South Haven, MI 49090
Facility Telephone #:	(269) 639-7310
Application Date:	10/27/2022
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

10/27/2022	Enrollment
11/02/2022	PSOR on Address Completed
11/02/2022	Application Incomplete Letter Sent 1326/RI 030 for LD & AFC 100 for Admin
02/23/2023	Contact - Document Sent Email requesting missing documents
07/18/2023	Contact - Document Received 1326/RI 030 for LD
07/19/2023	Contact - Document Sent 10-day inactive letter
07/31/2023	Contact - Document Received AFC 100 for Administrator
07/31/2023	Lic. Unit file referred for background check review
09/14/2023	File Transferred to Field Office GR via SharePoint
09/26/2023	Application Incomplete Letter Sent Letter emailed to LD.
12/13/2023	Contact - Document Sent Documents requested as noted in the application incomplete letter.
03/14/2024	Contact - Document Received BCHS AFC 100, Designation Letter, Floor Plans, Program Statement, Admission Policy, Discharge Policy, Personnel Policies, and Job Descriptions.
07/01/2024	Inspection Completed On-site
07/01/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

River Ridge Retirement Village Specialized Care is single-story building located at 706 Kentucky Avenue, South Haven, MI 49090 in Van Buren County. Residents will occupy the first floor of the group home which includes 20 private bedrooms with bathrooms located within the bedroom, multiple spacious living rooms and sitting areas, a screened in four seasons room, two dining rooms each containing a full kitchen, and a laundry room. There is a community bathroom that has a roll-in shower and walk in soaker bathtub which provides ample space for assisted showering. The home is barrier free and has multiple approved wheelchair accessible emergency exits that lead to ground level concrete. The home has a fenced in community yard that contains a walking path, benches for seating, and well-groomed landscaping.

The home is split into two units with 14 bedrooms being located within a secured memory care unit and 6 bedrooms in an attached unsecured unit.

The group home utilizes public water and septic system disposal. The home was inspected by the Bureau of Fire Services on 10/12/23. The home was found to be in substantial compliance with fire safety rules receiving an A-Rating. The home has mechanical rooms equipped with a 1 ¾ inch solid core door with a self-closing device and positive latching hardware that contain gas fueled furnaces and water heaters. The furnaces and hot water heaters use natural gas and were inspected by a licensed professional and found to be in fully operational order.

Bedroom #	Room Type	Square Footage	Resident Beds
21	1 Bed / 1 Bath	500	1
22	1 Bed / 1 Bath	500	1
23	1 Bed / 1 Bath	500	1
24	1 Bed / 1 Bath	500	1
25	1 Bed / 1 Bath	500	1
26	1 Bed / 1 Bath	500	1
27	Studio / 1 Bath	423	1
28	Studio / 1 Bath	277	1
29	Studio / 1 Bath	284	1
30	Studio / 1 Bath	252	1
31	Studio / 1 Bath	252	1
32	Studio / 1 Bath	284	1
33	Studio / 1 Bath	284	1
34	Studio / 1 Bath	284	1
35	Studio / 1 Bath	284	1
36	Studio / 1 Bath	252	1
37	Studio / 1 Bath	267	1
38	Studio / 1 Bath	277	1
39	Studio / 1 Bath	277	1

40	Studio / 1 Bath	423	1
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The home has multiple seating areas, dining rooms, and each bedroom contains a private sitting area which meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this home can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the home were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to twenty (20) male or female individuals that are aging, physically handicapped, or have a diagnosis of Alzheimer's. The home agrees to provide room, board, protection, supervision, personal assistance, supervised personal care, meals and snacks, utility services, housekeeping, laundry/linen service, life enrichment, pharmacy services, transportation to services/appointments outlined in the resident's care agreement. The applicant intends to accept residents who have private sources for payment for their care, as well as residents who receive financial assistance and support services through local agencies.

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.

C. Applicant and Administrator Qualifications

The applicant is Kentucky Avenue Opco LLC which is a "For Profit Corporation", established in Michigan, on 6/2/22. The company submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care group home. Martila Sanders was appointed as Licensee Designee and Audrey Henriquez was appointed as Administrator for this group home.

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

The home has provided documentation to satisfy the qualifications and training requirements as licensee designee and administrator identified in the group home rules. Both individuals have extensive experience working with this population as they were both licensee designees, administrators, and direct care workers at other licensed adult foster care homes.

The staffing pattern for the original license of this twenty-bed home is adequate and includes a minimum of one staff-to-twelve 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 direct care staff will be awake during sleeping hours.

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) 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 resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

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 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 group home.

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 temporary license to this AFC adult large group home (capacity 20).

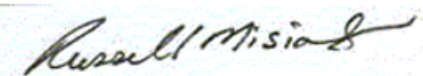


7/25/24

Kristy Duda
Licensing Consultant

Date

Approved By:



7/26/24

Russell B. Misiak
Area Manager

Date