



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 13, 2024

Steven Percoco
5843 Ridge Road
Stevensville, MI 49127

RE: Application #: AS110418169
Serene Ridge Adult Foster Care
5843 Ridge Road
Stevensville, MI 49127

Dear Steven Percoco:

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 four was issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616)356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, 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 #:	AS110418169
Applicant Name:	Steven Percoco
Applicant Address:	5843 Ridge Road Stevensville, MI 49127
Applicant Telephone #:	(269)235-1839
Licensee/Administrator:	Steven Percoco
Name of Facility:	Serene Ridge Adult Foster Care
Facility Address:	5843 Ridge Road Stevensville, MI 49127
Facility Telephone #:	(269) 235-1839
Application Date:	01/11/2024
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

01/11/2024	Enrollment
01/11/2024	PSOR on Address Completed
01/11/2024	Application Incomplete Letter Sent 1326/RI030, AFC-100
01/11/2024	Contact - Document Sent Forms sent
02/07/2024	Contact - Document Received AFC-100 & 1326/RI030
02/07/2024	Comment Sent email to attach FPS
02/09/2024	File Transferred to Field Office
02/14/2024	Application Incomplete Letter Sent Sent initial App Incomplete Letter
04/16/2024	Comment Email/text advising to send App Incomplete Packet All at once to help with transferring. No documents received as of today. Licensee Steven Percoco has texted that he has two residents and is working on the paperwork.
05/28/2024	Contact - Document Received Received application materials but could not open them. Discussed how to proceed.
06/02/2024	Contact - Document Received Received most of App Incomplete Documents.
06/07/2024	Application Incomplete Letter Sent Updated App Incomplete for needed corrections and missing items.

07/10/2024 Contact - Document Received
Received updated licensing documentation.

07/10/2024 Contact - Document Sent
Emailed licensee requesting a call to provide consultation and technical assistance.

07/11/2024 Contact - Document Received
Email received indicating licensee attempted to call me.

07/12/2024 Contact - Document Received
Email received indicating licensee is attempting to reach me by phone.

07/15/2024 Contact - Telephone call made to licensee to provide consultation and technical assistance. Left a voicemail message requesting a return call.

07/24/2024 Contact - Telephone call made to provide consultation and technical assistance to Mary Ann and Annalisa Percoco regarding required supporting documentation for this enrollment.

08/08/2024 Contact - Telephone call made to set up Original onsite inspection. Inspection scheduled for 08/08/2024 at 2:30 p.m.

08/08/2024 Application Complete/On-site Needed

08/08/2024 Inspection Completed On-site

08/08/2024 Inspection Completed – BCAL Full Compliance

08/13/2024 Recommend License Issuance

08/13/2024 LSR Generated

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Serene Ridge Adult Foster Care is a ranch style home located in a residential area within Stevensville, MI. The facility has a white brick exterior in front and white vinyl siding on the sides and back and is surrounded by beautiful hardwood trees. The inside of the facility has a comfortable, clean, homey feel with wood plank flooring throughout.

The home has a nice sized backyard with a large deck and patio where residents can enjoy the outdoors. The facility also has a deck in front residents can enjoy and a driveway for staff and visitor parking. The home is not wheelchair accessible as the applicant does not plan to admit residents with impaired physical mobility.

The home utilizes public water and sewage so does not require annual Environmental Health Inspections. The facility is equipped with a Wireless Interconnected Combination Smoke and Carbon Monoxide Detector system that meets fire safety rule requirements. The facility has a fire extinguisher on each floor and direct care staff members (DCSMs) are aware of their location and trained how to properly use them. I reviewed the facility fire, tornado, and medical emergency plans to ensure all fire safety and licensing rules were followed. I ensured residents could easily open windows in their bedrooms if necessary.

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

Bedroom # Total Resident Beds	Room Dimensions	Total Square Footage	Resident Beds
1	10' x 10'	100	1
2	11'11" x 10'4"	116	1
3	13' x 10'	130	2
Living Room	16'4" x 13'6"	223	
Dining Room	11'5" x 10'	115	

Given the sizes of the bedrooms and one to two residents per room, the facility's bedroom space meets the required 80 square feet allowed of usable floor space for a single occupancy and 65 square feet of usable floor space per bed for a multioccupancy resident bedroom.

The indoor living and dining areas measure a total of 338 square feet of living space. This greatly exceeds the minimum of 35 square feet of indoor living space per occupant, exclusive of bathrooms, storage areas, hallways, kitchens, and sleeping areas. Based on the above information, this facility can accommodate four 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 4 male or female residents between 55 and 99 years of age who are physically handicapped, suffer from Alzheimer's/dementia, and require some level of assistance with activities of daily living (ADL).

The applicant's program statement indicates Serene Ridge Adult Foster Care facility provides 24-hour care which is designed to assist the resident with daily living and related activities based on individual needs and requests. The population to be served is the aged, physically handicapped, and Alzheimer's/dementia residents. The goal of the facility will be to provide the residents with quality care and non-medical services in a home environment. Each resident will be treated like family with dignity and respect.

The applicant offers long-term guidance by providing personal care, protection, and supervision in addition to room and board, as well as uplifting promoting and supporting services in a home-based setting.

The facility will provide the following services:

- 24-hour care to each resident.
- Three home cooked meals daily. In between meals snacks will be provided. Dietary restrictions will be implemented in meal/snack preparation.
- Daily assistance in bathing, dressing and personal hygiene by a DCSSMs of the opposite sex, if a member of the same sex is not available.
- Showers will be provided. The facility has a large wheelchair accessible shower as well as a hall bathroom with a bathtub for residents.
- Hygiene products, towels for bathing and all bedding and linens will be provided throughout a resident's stay at the facility.
- Laundry services.
- Phone service.

The facility will provide the following services from outside the home:

- The option for residents to receive in-home nurse and doctor visits. Provider company is Harmonycares Medical Group, 5838 Brick Road, South Bend, Indiana 46628.
- Recommend a transportation service for medical and non-medical transportation needs. Transportation services will be paid for at the resident's expense.

- Community Resources Available:
- Transportation Services: Pace of Southwest Michigan, 2900 Lakeview Ave, St. Joseph MI 49085 (Provider on call 24/7).
- Senior Nutrition Services, Region IV, Benton Harbor, MI 49022
- Nail and Hair Stylist – Stevensville, MI 49085 (By Appointment).

The facility is in a residential area and has restaurants, parks, shopping centers, recreational activities, public library, hospitals, physicians, and other medical professionals located nearby. These resources can be used to enhance the quality of life and increase the independence of the residents living at the facility.

The applicant has no current contracts with referring agencies and intends to accept private sources of payment.

C. Applicant and Administrator Qualifications

The applicant is Steven Percoco. No limited liability company (LLC) has been established. The applicant submitted his annual credit report and proposed annual budget statement projecting expenses and income to demonstrate the financial capability to operate this adult foster care (AFC) small group home.

The applicant appointed himself to be the administrator for this facility. Mr. Percoco has sufficient credentials, experience and the required training to work in this capacity as he has provided direct care to the desired program types for more than a decade, owns a home health care agency, and is caring and providing for two residents currently living at the facility. Mr. Percoco possesses the credentials to meet the requirements of administrator. A current licensing record clearance, medical clearance, and tuberculosis (TB) test are on file for Mr. Percoco.

The applicant has sufficient experience with required AFC licensing records and documentation.

The applicant provided a current Adult First Aid/CPR/AED Certificate of Completion.

The applicant has sufficient experience caring for individuals who suffer from Alzheimer's disease and dementia and understands the specific behavioral, physical, and emotional needs of this population. The applicant also submitted an approved Alzheimer's Statement outlining the type of care provided, continual training of direct care staff members, and the physical characteristics of the building best suited for resident's diagnosed with Alzheimer's disease.

The personnel policies, job descriptions, admission/discharge policy, financial projections, staff files, paperwork required for resident files, emergency plans, staff training modules and program description were reviewed and met licensing requirements.

The staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of one DCSM per four residents on each shift. The applicant acknowledged that the DCSM 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 DCSMs will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for DCSMs 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 acknowledged 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) 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 DCSMs that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet or medication cart 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 DCSM 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 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 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 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 impaired physical mobility requiring a wheelchair to ambulate will not be admitted because the facility is not handicapped accessible.

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 small group home (capacity 1-4).

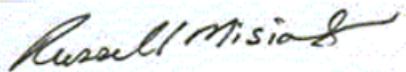


8/13/24

Rodney Gill
Licensing Consultant

Date

Approved By:



8/15/24

Russell B. Misiak
Area Manager

Date