



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 16, 2024

Richard Lipscomb
441 Bedford Rd N LLC
14835 Banfield Rd
Battle Creek, MI 49017

RE: Application #: AS130418308
441 Bedford Rd N LLC
441 Bedford Rd N
Battle Creek, MI 49037

Dear Mr./Ms. Lipscomb:

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 3 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) 356-0100.

Sincerely,

Kevin L Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130418308
Licensee Name:	441 Bedford Rd N LLC
Licensee Address:	441 Bedford Rd N BATTLE CREEK, MI 49037
Licensee Telephone #:	(269) 721-3395
Licensee Designee:	Richard Lipscomb
Administrator:	Richard Lipscomb
Name of Facility:	441 Bedford Rd N LLC
Facility Address:	441 Bedford Rd N Battle Creek, MI 49037
Facility Telephone #:	(269) 966-3320
Application Date:	03/11/2024
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/11/2024	On-Line Enrollment
03/12/2024	PSOR on Address Completed
03/12/2024	Contact - Document Sent
04/08/2024	File Transferred To Field Office
04/10/2024	Application Incomplete Letter Sent
06/25/2024	Contact - Telephone call received
06/25/2024	Contact - Document Received
06/25/2024	Application Incomplete Letter Sent
06/25/2024	Contact - Document Received
06/26/2024	Contact - Document Received
06/27/2024	Contact - Document Received
06/27/2024	Contact - Telephone call made
06/27/2024	Contact - Document Sent
06/27/2024	Application Complete/On-site Needed
06/27/2024	Inspection Report Requested - Environmental Health Report
07/12/2024	Inspection Completed On-site
07/12/2024	Inspection Completed-BCAL Sub. Compliance
07/16/2024	Inspection Completed – Environmental Health Report
07/22/2024	Contact - Document Received
07/29/2024	Inspection Completed On-site
07/29/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility located at 441 Bedford Road N LLC is a wood frame single story ranch style home with an unfinished basement, located at 441 Bedford Road N Battle Creek, Michigan in Calhoun County. There are multiple restaurants and convenience stores within walking distance, as well as LaMora Park School District and Willard Public Library located within two miles of the group home. Direct care staff and visitor parking is located in the driveway of the facility with ample amount of space provided.

Residents will only occupy the first floor of the group home that includes two resident bedrooms, one full bathroom, kitchen, spacious living room and a large sitting wooden deck located at the rear of the home. The facility has a wooden fence enclosing the spacious backyard. Residents have access to the kitchen, bathroom, living room, wooden deck and enclosed fenced in backyard. The unfinished basement includes storage areas, washer/dryer, hot water heater and furnace.

There are three separate approved means of egress with one located at the front entrance, second exiting the patio door in the kitchen and a third a steel door at the top of the basement stair landing exiting to the rear of the facility. However, neither exit is wheelchair accessible so the home is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair to assist with mobility.

The facility utilizes private water supply and a public sewage disposal system. The facility was found to be in substantial compliance with applicable environmental health rules after an inspection from the Calhoun County Health Department on 7/16/24. The basement door is constructed of 1 ¾ -inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the first floor of the facility to the basement. The furnace and hot water heater were observed in the basement. The furnace and hot water heater utilize natural gas and were inspected by a licensed professional on 4/23/24 and found to be in fully operational order.

The facility was equipped with hardwired interconnected blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. There were smoke detectors in sleeping areas, near heating equipment and on each level of the facility. The facility was equipped with fire extinguishers located in the kitchen and basement areas. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 6" X 10' 6"	121 sq. ft.	1
2	11' 5" X 15' 1"	165 sq. ft.	2

The indoor living and dining room areas measures a total of 211 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 three residents only. 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 facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to three (3) female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired and aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, training to develop personal adjustment and living skills, and an opportunity for involvement in day programs including transportation. The applicant intends to accept residents from Calhoun County Community Mental Health (CMH), or private pay individuals as a referral source.

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.

In addition, the licensee will provide all transportation for all residents' programming and medical needs including community outings. It is the intent of this home to utilize local community resources including libraries, shopping centers, churches and local parks. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Richard Lipscomb under the name 441 Bedford Road N LLC, who is listed as Licensee Designee and Administrator. Mr. Lipscomb submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care home. A licensing record clearance request was completed with no convictions recorded for Richard Lipscomb. Richard Lipscomb submitted a medical clearance request with statements from a physician documenting he is in good health and current TB negative results.

Mr. Richard Lipscomb has provided documentation to satisfy the qualifications and training requirements as licensee designee/administrator identified in the administrative group home rules. Mr. Lipscomb has six years of experience as a dual diagnoses counselor and regional property manager. Mr. Lipscomb worked directly with clients diagnosed with mental illness and developmentally disabled in various roles including individual and group counseling sessions, review and manage administered medications and collaborating relationships with community members with housing for individuals with disabilities. Mr. Richard Lipscomb has completed all required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this three-bed facility is adequate and includes a minimum of one staff-to-three 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 small group home with a capacity of three (3) residents.

Kevin L Sellers

7/30/24

Kevin Sellers Date
Licensing Consultant

Approved By:

Russell Misiak

8/16/24

Russell B. Misiak Date
Area Manager