



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 30, 2024

Jamie Beson
Seerat Ghotra Inc
25 Sawmill Creek Trl
Saginaw, MI 48603

RE: Application #:	AL090418066 Close to Home Assisted Living Riegel II 406 W Ivy Bay City, MI 48706
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Dear Jamie Beson:

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 (517) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL090418066
Licensee Name:	Seerat Ghotra Inc
Licensee Address:	25 Sawmill Creek Trl Saginaw, MI 48603
Licensee Telephone #:	(646) 637-6790
Administrator/Licensee Designee:	Jamie Beson
Name of Facility:	Close to Home Assisted Living Riegel II
Facility Address:	406 W Ivy Bay City, MI 48706
Facility Telephone #:	(989) 778-2575
Application Date:	11/21/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

01/10/2023	Inspection Completed-Fire Safety: A Please see AL090382066
11/13/2023	Inspection Completed-Fire Safety: A
11/21/2023	On-Line Enrollment
11/29/2023	PSOR on Address Completed
11/29/2023	Contact - Document Sent forms sent
01/30/2024	Contact - Document Received 1326/RI030
02/02/2024	File Transferred To Field Office
02/09/2024	Application Incomplete Letter Sent
07/08/2024	Application Complete/On-site Needed
07/08/2024	Inspection Completed On-site
07/08/2024	Inspection Completed-BCAL Sub. Compliance
07/08/2024	Inspection Completed- Environmental Health: A
08/28/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Close to Home Assisted Living- Riegel II facility was built in 1970 originally as a Bay City Elementary School. It was previously licensed as Close to Home Assisted Living Riegel- AL090382066 since 12/15/2016. The facility is a single-story solid brick building, in a uniquely circular shape. The facility is connected to another Circular structure - Riegel I by a corridor. The Administrative wing has been redesigned by DeShano Builders into five private rooms, a salon, kitchen, pantry, dining room, private dining/activity room, mechanical room, staff breakroom, and bathroom. The facility sits a couple blocks East of Euclid, near Salzburg Avenue. There is a large spacious fenced in yard surrounding the facilities with some playground equipment for small children who may come to visit. The building has a total of 18,000 square feet of living space. There is a large rotunda ceiling over the living room which measures 35 feet by 35 feet, the dining room is the original gymnasium, which measures 59 x29 feet. The bedrooms are

located in several short hallways off the living room, which is the center of the home. There are 19 large single occupancy resident bedrooms and one double occupancy bedroom with private half baths in each room. Seventeen of the bedrooms have kitchenettes that include some cabinets, a sink, microwave and a small refrigerator. There is ample off-street parking on the southeast side of the building and there are also a few off-street parking spots at the front of the facility.

The Close to Home Assisted Living Riegel II facility is within blocks of shopping, medical care and a variety of municipal services. City bus transportation is available to the residents for independent outings. The facility does provide a van for transportation to scheduled activities for their residents. There are two large shower rooms available for staff to assist residents with showers. Room number 28, 29, 30, 31, and 32 all have private showers. The home is at street level and is handicap accessible for residents and visitors. There are two exit routes from the living room area and two exit routes out of the building from the dining room.

There is a furnace and 2 large hot water heaters located in the maintenance room, and there are two more furnaces located on the roof of the facility. The maintenance room has a self-closing, 1-3/4-inch solid core door and the room is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The furnace inspection was completed on 04/19/2024 by O'Hare Heating & Cooling, Inc. and all units were deemed in good working condition. The Bureau of Fire Services inspected and approved this home on 11/13/2023. The home is connected to public water and sewer.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.4 x 31.9	363.66	Single occupancy
2	11 x 31.9	350.9	Single occupancy
3	12 x 32.4	388.8	Single occupancy
4	13.8 x 25.4	350.52	Single occupancy
5	11.4 x 31	353.4	Single occupancy
6	11 x 25	275	Single occupancy
7	14 x 25	350	Single occupancy
8	12 x 30	360	Single occupancy
9	11 x 32	352	Single occupancy
10	11.8 x 25	295	Single occupancy
11	11 x 31.4	345	Single occupancy
12	11.6 x 25.6	296	Single occupancy
13	13.6 x 25.6	348.16	Single occupancy
14	13.6 x 31	421.6	Double occupancy
(15) 28	28.4 x 12.3	349.32	Single occupancy
(16) 29	21.1 x 12	253.20	Single occupancy

(17) 30	21.1 x 12	253.20	Single occupancy
(18) 31	16 x 14	224	Single occupancy
(19) 32	15 x 14	210	Single occupancy

The living, dining, and sitting room areas measure a total of 2,936 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The facility also has some offices, staff break room, wide hallway sitting areas in the entranceway, and there is maintenance room, laundry room, pantry, medication room, a kitchen, and a public bathroom.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** 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 **twenty (20)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, traumatic brain injury, physically handicapped or aged, 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. Residents will be referred from: Region 7, A & D Waiver, and local hospitals.

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 may 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 Seerat Ghotra, Inc., which is a For-Profit Corporation was established in Michigan, on 10/26/2023. 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.

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

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff –to- 20 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 20).



08/30/2024

Shamidah Wyden
Licensing Consultant

Date

Approved By:



08/30/2024

Mary E. Holton
Area Manager

Date