



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 27, 2024

Michael Eby
AHR Northview Grand Rapids MI TRS Sub, LLC
Ste. 300
18191 Von Karman Ave.
Irvine, CA 92612

RE: Application #: AL410418268
The Cortland Lodge
3736 Vista Springs Ave NE
Grand Rapids, MI 49525

Dear Mr. Eby:

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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410418268
Applicant Name:	AHR Northview Grand Rapids MI TRS Sub, LLC
Applicant Address:	Ste. 300 18191 Von Karman Ave. Irvine, CA 92612
Applicant Telephone #:	(949) 270-9200
Administrator/Licensee Designee:	Michael Eby, Designee/Administrator
Name of Facility:	The Cortland Lodge
Facility Address:	3736 Vista Springs Ave NE Grand Rapids, MI 49525
Facility Telephone #:	(616) 364-4690
Application Date:	02/22/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED, ALZHEIMERS

II. METHODOLOGY

10/12/2022	Inspection Completed-Env. Health: A refer to AL410400135
02/07/2023	Inspection Completed-Fire Safety: A refer to AL410400135
10/21/2023	Contact - Document Received Change of information on application.
12/14/2023	Contact - Document Received Documents received from ARNALL GOLDEN GERGORY LLP, Jennifer L. Hilliard. Change of Ownership/Application / Michigan Adult Foster Care Group Home, The Courtland Lodge, fee payment, Letter appointing of Licensee Designee, Michigan Workforce Background Check, AFC Licensing Information Request State of Michigan, AFC/HFA Licensing Record Clearance Request and Live Scan Fingerprint Background Check Request.
01/11/2024	Contact - Document Received Cover Letter, CHOW Application for the Courtland Lodge AL410400135, filing fee, AHCR Vista Springs, MI (AFC) Lic Letter from CHOW application (The Lodge). Change of Licensee Designee and Administrator, from Jennifer L. Hilliard of Counsel ARNALL GOLDLEN GREGORY LLP.
02/09/2024	Inspection Completed-Fire Safety: A
02/16/2024	Contact - Document Received Email from Jennifer L Hilliard for kitchen appliances, hood or canopy.
02/22/2024	Enrollment
02/22/2024	Application Incomplete Letter Sent
02/22/2024	PSOR on Address Completed
02/23/2024	Contact - Document Received Email from Jennifer L. Hilliard, of Counsel, Change of Licensee Designee, and Administrator, Attachments, Medical Clearance Request, and Transcript of supporting documents, for the new individual.
02/29/2024	Contact - Document Received changing LD and Admin.

03/15/2024	Contact - Document Received Email from Jennifer L. Hilliard of Counsel, letter with attachments for New Licensee Designee, Administrator, Attachments: Updated application to reflect a new appointment, of Licensee Designee, and Administrator, Medical Clearance, Resume, Orientation Check list that he has received instruction regarding topics related to the Facility and the population being served, Current CPR Certificate, Collage transcripts, and BCAL -1326A-FP and RI-0303.
04/11/2024	File Transferred To Field Office
05/15/2024	Application Incomplete Letter Sent
05/16/2024	Contact - Document Received Email documents from Jennifer L. Hilliard, with attachments: Proof of Zoning from Plainfield Charter Township dated 07/23/2013, Application for Certificate of Authority to Transact Business in MI, for use of Foreign Limited Liability Company, Application for Change of Licensee Designee, Administrator to Michael Murray Eby, Medical Clearance, TB results, Resume, Ferris State Certificate of Long Term Care,(May 8, 2022), CPR AED and First Aid Certificate, 03/13/2024, Collage Transcript Western Michigan University, Licensing Record Clearance, Live Scan Fingerprint Background Check Request, 03/08/2024.
05/16/2024	Contact - Document Received email from Jennifer L. Hilliard, Copy of Good Standing Certificate from LARA for AHR Northview Grand Rapids, MI TRS Sub, LLC: This it to Certify AHR Northview Grand Rapids MI TRS Sub, LLC a(n) Delaware FOREIGN LIMITED LIABILITY COMPANY was validly authorized on July 28, 2023, to transact business in Michigan, and that said limited liability company holds a valid certificate to authority of transact business in this state, and has satisfied its annual filling obligations.
05/30/2024	Consultation Requested/Provided Sent entire packet of how to write Program Statement, Admission Policy, Discharge Policy, and information on all the documents we required.
07/12/2024	Contact -Document Received Email Received from Jennifer L. Hilliard with regulatory review packets for the Lodge: 1. Michigan LLC Qualification for AHR Northview Grand Rapids MI TRS Sub, LLC (the "Applicant").

	<p>2. Good Standing Certificate for the Applicant.3. Organizational Chart for the Applicant and the owner of the real property. 4. Proof of Ownership of the real property. 5. Right to Occupy—Lease to the Applicant. 6. Current financial statement for the Applicant. 7. Operating Budgets for the facilities. 8. Funding Agreements or Contracts. 9. Placement Agency Contracts. 10. Zoning Approval. 11. Health of Administrator/Licensee Designee, Michael Eby. 12. TB Testing for Administrator/Licensee Designee, Michael Eby.13. Program Statement. 14, Alzheimer's/Dementia Program Statement. 15. Admission Policy. 16. Discharge Policy 17. Refund Agreement. 18. Grievance Procedure. 19 Evacuation and Emergency Preparedness Plans. 20. Administrator/Licensee Designee Training, Michael Eby. 21. Administrator/Licensee Designee Education & Experience—Michael Eby. 22. ServSafe Certificate for Food Service Director—Kerry Emelander (The Lodge). 23. Personnel Policies. 24. Job Descriptions. 25. Examples of Standard or Routine Procedures. 26. Proposed Staffing Patterns. 27. Floor Plans. 28. Heating Equipment Inspection. 29. Interconnected Smoke Detection Inspection. 30. Fire Marshal Inspection.</p>
06/07/2024	<p>Contact-Document Received Email from Jennifer L. Hilliard that she had received my packet for instructions on how to write policies for AFC.</p>
07/15/2024	<p>Contact-Document Received Email From Jennifer L. Hilliard: Smoke Detection System Inspection Sprinklers Inspection, Certificate for the Lodge from Certasite and invoice for repairs.</p>
07/19/2024	<p>Contact-Document Received Email from Jennifer L. Hilliard with revised floor plan.</p>
08/19/2024	<p>Contact -Document Received Email from Jennifer L. Hilliard Attached Fire Inspection Report, dated 02/09/2024 with full approval.</p>
08/23/2024	<p>Contact -Document Received Email from Jennifer L. Hilliard. They received HUD approval, but they need AFC License first, time limited.</p>
09/04/2024	<p>Inspection Completed On-Site</p>

	With Elizabeth Jones, Regional Director of Operation for Priority Life Care LLC, Michael Eby, Administrator/License Designee, and Kari Hopp, LPN, Director of Nursing.
09/24/2024	Inspection Completed On-Site Full Compliance With Elizabeth Jones, Regional Director of Operation for Priority Life Care LLC, Michael Eby, Administrator/Licensee Designee, and Kari Hopp, LPN, Director of Nursing.
09/26/2024	Contact-Document Received Email from Jennifer L. Hilliard with revised Program Statement.
09/26/2024	Contact-Document Received Email From Michael Eby, Administrator/Licensee Designee with the dogs Rabies Certificate.
09/26/2024	Contact-Document Received Email from Jennifer L. Hilliard with the staffing ratios for the Lodge.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one story, stand alone, 20 resident bed facility that was built specifically as an adult foster care home. It is a wood framed structure on a cement slab located in a residential area on the north side of the City of Grand Rapids. This home is located near two other licensed facilities owned by the same corporation. The facility is next to a licensed Home For The Aged which has a full kitchen. The foods are brought from this facility to the Adult Foster Care Home. There are heated plates and heated ovens to keep the food warm while serving. The dining area is located at the north end of the facility right next to the Home For The Aged. The facility is a very large structure. In the middle is a center island. There is a service area by the dining room and at the center island with a microwave and a small refrigerator. There is a piano and activity area with a television near the middle of the facility. At the south end of the facility there are two activity areas. There are (20) individual resident bedrooms which are located on the two outside perimeter walls. There are ten (10) resident bedrooms on the west wall and ten (10) resident bedrooms on the east wall. Each bedroom contains a half bath. The facility has two large and two small storage rooms, a staff conference room, a break room, an office, a laundry room, a bath (tub) room, a shower room, and two small bathrooms. The home is handicapped accessible because the facility is on a flat service. There are two patios off each end of the facility. They use city water and sewer. The facility contains a front door which leads to a hallway and then to a locked door with a keypad used to enter the facility. There is a half-locked door with a 15 second delay

lock. The facility has two exits, containing non-locking-against egress doors at either end of the facility that leads into the sides and rear of the facility, which contains perimeter chain link fencing for a large lawn “track like” area. There are two gates that exit off the back yard that contain padlocks. The two exit doors are alarmed to go off when a resident exits the facility. This allows the staff to know that a resident is leaving the facility. The staff are required to type in a four-digit code to silence the alarm. They are required to reset the alarm. The locked perimeter fencing is intended to provide safety and welfare for the AFC residents.

The boiler and hot water heater are located on the main floor in a mechanical room, that is constructed of materials that provide a 1 hour-fire-resistance with a 1 ¾ inch solid door equipped with an automatic self-closing device and a positive latching hardware, in a fully stopped frame. The facility is equipped with an 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. There are also heat detectors located in the attic of the home.

The facility was licensed by Northview Care Corporation with Scott Graves as the Licensee Designee. The facility was called Northview Manor Special Care, License # AL410007164 and it was licensed on 04/29/1992 and was closed on 09/16/2013 when it was purchased by Vista Springs Northview Operations, LLC. The facility run by the new owner was called Vista Springs The Lodge, License # AL410337475 and was opened on 09/17/2013 and the Licensee Designee was Louis Andriotti Jr.. Mr. Andriotti Jr. had a change of Licensee, and the facility was closed on 04/14/2020. The new licensee opened the facility, Vista Springs Northview LLC, on 04/15/2020, with the same licensee Designee, Mr. Andriotti Jr., License # AL410400135.

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' 9" x 14' 1"	165.44	1
2	11' 9" x 14' 1"	165.44	1
3	13' 5" x 11' 9"	157.69	1
4	13' 10" x 11' 9"	162.50	1
5	13' 10" x 11' 10"	163.61	1
6	12' 11" x 11' 8"	162.31	1
7	13' 10" x 11' 9"	162.50	1
8	13' 5" x 11' 9"	157.69	1
9	14' 3" x 11' 9"	167.44	1
10	13' 10" x 11' 9"	162.50	1
11	14' 2" x 11' 9"	166.50	1
12	13' 9" x 11' 9"	161.56	1
13	13' 10" x 11' 10"	163.61	1
14	13' 10" x 11' 9"	162.50	1

15	13' 10" x 11' 9"	162.50	1
16	13' 10" x 11' 0"	162.50	1
17	13' 10" x 11' 9"	162.50	1
18	13' 10" x 11' 9"	162. 50	1
19	13' 10" x 11' 9"	162.50	1
20	13' 10" x 11' 9"	162.50	1

The living, dining, and sitting room areas measure a total of 2,070 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 **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 or handicapped adults or whose diagnosis is Alzheimer's 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. The applicant intends to accept residents from Reliance Community Care Partners as a referral source and they will accept private pay individuals.

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 will provide all transportation for program and medical needs by sharing a transportation vehicle with Riverside, (Licensed Home for the Aged) which is near their facility. They also will use the local transportation services of "Ride Your Way." The facility will make provision for a variety of leisure and recreational activities. 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 Qualification

The applicant is AHR Northview Grand Rapids MI TRS Sub, LLC, a foreign limited company formed in Delaware on 07/26/2023, which is a "For Profit limited liability company and was qualified to do business in Michigan on 07/28/2023. 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. The licensee has contracted with PLC Management Michigan LLC for the provision of management services with respect to the facility.

The President and CEO of Northview Grand Rapids MI TRS Sub, LLC, Danny Prosky has submitted documentation appointing Michael Eby as Licensee health and current TB-tine negative results.

The licensee designee/administrator has 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. 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, 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 of 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.

D. 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 six-month temporary license to this adult foster care large group home capacity 20.

Arlene B. Smith

09/27/2024

Arlene B. Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

09/27/2024

Jerry Hendrick
Area Manager

Date

