



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 #: AL410418384  
The Cortland Terrace Harbor  
3740 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 #:** AL410418384

**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 Terrace Harbor

**Facility Address:** 3740 Vista Springs Ave NE  
Grand Rapids, MI 49525

**Facility Telephone #:** (616) 207-4140

**Application Date:** 04/04/2024

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS, AGED

## II. METHODOLOGY

04/04/2024	Enrollment
04/10/2024	Application Incomplete Letter Sent Requested Michael 1326
04/10/2024	PSOR on Address Completed
04/10/2024	Contact - Document Sent
04/11/2024	File Transferred To Field Office
05/15/2024	Application Incomplete Letter Sent
05/16/2024	Contact - Document Received Email documents received 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 Eby, Medical Clearance, TB Results, negative, Resume, Ferris State Certificate of Long Term Care, (May 8, 2022), CPR AED and First Aid Certificate, 03/13/2024, College Transcript Western Michigan University, Licensing Record Clearance, Live Scan Fingerprint Background Check Request 03/08/2024.
05/30/2024	Consultation Requested/Provided Sent entire packet of how to write Program Statement, Admission Policy, Discharge Policy and information on all of the documents we require.
06/07/2024	Contact - Document Received Email from Jennifer L. Hilliard that she had received the packet I sent with instructions on how to write policies for AFC.
06/10/2024	Contact - Document Received Email from Jennifer L. Hilliard with attached floor plans.
07/12/2024	Contact - Document Received Email received from Jennifer L. Hilliard with regulatory packets for The Cortland Terrace Harbor: 1. Michigan LLC Qualification for AHR Northview Grand Rapids MI TRS Sub, LLC (the "Applicant"). 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 skin test 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.
07/12/2024	Contact - Document Received Continue 22. Certificate for Food Service Director--Kerry Emelander. 23. Personnel Policies. 24. Job Descriptions. 25. Examples of Standard or Routine Procedures. 26. Proposed Staffing Patterns. 27. Floor Plans. 28. Health Equipment Inspections. 29. Interconnected Smoke Detection System Inspection. 30. Fire Marshal Inspection dated 07/30/2024 approved.
07/19/2024	Contact - Document Received Email from Jennifer L. Hilliard with the revised floor plan.
08/23/2024	Contact - Document Received Email received from Jennifer L. Hilliard who explained that they had received HUD approval, but they need the AFC license to complete the transaction which is time-limited.
09/04/2024	Inspection Completed On-site Inspection completed on-site. Inspection with Elizabeth Jones, Regional Director of Operation for Priority Life Care LLC, Michael Eby, Administrator/Licensee Designee, and Kari Hopp, LPN, Director of Nursing.
09/04/2024	Application Complete/On-site Needed
09/24/2024	Inspection Completed-BCAL Full Compliance Inspection conducted with Elizabeth Jones, Regional Director of Operation for Priority Life Care LLC., Michael Eby, Licensee Designee/Administrator, and Kari Hopp, LPN, Director of Nursing.
09/26/2024	Contact - Document Received Email from Michael Eby, Licensee Designee/Administrator, with the dog's Rabies Certificate.

09/26/2024	Contact - Document Received Email from Jeniffer L. Hilliard, with an attached revised Program Statement.
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### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The one story 20 bed facility 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. The facility is attached to a 20-bed licensed Adult Foster Care home with a fire wall between them. The facility has two wings of residential bedrooms which run off the center of the home. The front hall contains (9) nine resident bedrooms, and the rear hall contains (11) eleven resident bedrooms. There are (4) four resident bedrooms that contain a full bath and there are (16) sixteen bedrooms that contain a half bath. The home contains laundry room, a dining room/terrace, a kitchen, a nurse station, (2) two full baths and a business office(s), which are located by the main entrance. The north and south sides of these two 20 bed facilities are connected by an approved firewall. The main kitchen is on the north of the two 20 bed side facilities but has a door directly to the south side. The facility is on one level and therefore, is wheelchair accessible and it has two (2) means of egress. The facility will utilize public water and sewage system.

The boiler and hot water heater are located on the main floor, off the kitchen hallway in a mechanical room, that is constructed of materials that provide a 1 hour-fire-resistance with a 1 ¾ inch solid core door equipped with automatic self-closing device and 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 and there are heat detectors located in the attic of the home.

This facility was previously licensed by Northview Care Corporation, under the name of Northview Manor South, License # AL41007146 from 08/01/1989 until 09/16/2013, with Scott Graves as the Licensee Designee. The facility was sold to Vista Springs Northview Operations, LLC Licensee Designee Louis Andriotti Jr. He later closed his license, and he opened another AFC Vista Springs Terrace Harbor, where he was the Licensee Designee.

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

	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' 11" x 13'	168	1
2	12' 11" x 13'	168	1
3	12' 10" x 13' 1"	168	1

4	12' 11" x 13' 1"	169	1
5	12' 10" x 14' 3"	182.83	1
6	13' 10" x 19' 1"	263.88	1
7	10' 5" x 12' 10"	159.35	1
8	12' 11" x 12' 9"	164.73	1
9	12' 10" x 12' 5"	159.35	1
10	12' 10" x 12' 5"	159.35	1
11	12' 1" x 12' 6"	162.5	1
12	12' 1" x 12' 5"	150.03	1
13	12' 11" x 12' 4"	159.30	1
14	12' 10" x 14' 11"	191.421	1
15	12' 9" x 14' 1"	179.52	1
16	12' 10" x 14' 1"	180.65	1
17	12' 9" x 14' 1"	179.52	1
18	12' 10" x 14' 1"	180.65	1
19	12' 10" x 14' 1"	180.65	1
20	12' 9" x 14' 1"	180.52	1

The living, dining, and sitting room areas measure a total of 745 square feet of living space. This exceeds the minimum requirement of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty** 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 whose diagnosis is aged, Alzheimer's, 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 also 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. They will be using the transportation vehicle that is used by Cortland Riverside Gardens (a licensed Home for the Aged) that is near to them. They also plan to use the local transportation services of "Ride Your Way." 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 AHR Northview Grand Rapids, MI TRS Sub, LLC which is a foreign limited company formed in Delaware on 07/26/2023, and it is a "For Profit limited liability company which was established in Michigan, on 07/28/2024 and was qualified to do business in Michigan. 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 AHR Northview Grand Rapids, MI TRS, LLC., Danny Prosky has submitted documentation appointing Michael Eby as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good 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](http://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.



