



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 5, 2024

Julia Hill
Centered Care LLC
15945 Wood Rd
Lansing, MI 48820

RE: Application #: AS190414296
Fawn Circle
1920 Deerwood Circle A
Lansing, MI 48820

Dear Julia Hill:

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 6 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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS190414296
Applicant Name:	Centered Care LLC
Applicant Address:	15945 Wood Rd Lansing, MI 48820
Applicant Telephone #:	(517) 394-1234
Licensee Designee:	Julia Hill
Administrator:	Julia Hill
Name of Facility:	Fawn Circle
Facility Address:	1920 Deerwood Circle A Lansing, MI 48820
Facility Telephone #:	(517) 394-1234
Application Date:	09/28/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/23/2022	Contact - Document Received Received written documentation requested for licensure
09/28/2022	Enrollment
09/28/2022	Inspection Report Requested – Health 1033003
09/28/2022	File Transferred To Field Office Lansing via SharePoint
09/28/2022	Application Incomplete Letter Sent
07/07/2023	Inspection Report Requested - Health
10/17/2023	Inspection Completed-Env. Health: D received 10/17/2023
11/27/2023	Inspection Report Requested - Health
12/13/2023	Comment EHI D Rating, Report sent to consultant
01/02/2024	Contact - Telephone call made to to Clinton County Environmental Health Inspector Tammy Eurich. Ms. Eurick said she would email me the Environmental Health Inspection Report for this facility dated 10/17/2023.
01/02/2024	Contact - Telephone call made to licensee designees Kaitlyn Leigh Shaffer and Jacqueline Yvette Miller requesting an update on EHI status and additional documentation requested. Ms. Shaffer stated they are waiting on the well and septic company to come back out and retest the water ensuring it is safe and meets all requirements before contacting the Clinton County Environmental Health Department to come back and conduct a follow-up inspection. Ms. Shaffer said they are still working on the fire suppression system and will contact Bureau of Fire Services (BFS) to come out and inspect the facilities once the system is completed and working as intended. Ms. Shaffer said she will look into emailing me all required documentation for the Originals.
01/08/2024	Contact - Document Received - Bridget Vermeesch emailed requesting EHI reinspection.
01/08/2024	Contact - Document Sent Environmental Health Reinspection form emailed to Mid-Michigan District Health Department.

01/24/2024	Contact - Document Received Bridget Vermeesch emailed me new corporate files for Centered Care.
02/07/2024	Inspection Completed-Env. Health: A
02/27/2024	Contact - Document Received - Bridget Vermeesch provided additional documentation via email and stated they are almost ready for the onsite Original inspection.
02/28/2024	Contact - Document Sent -I emailed Bridget Vermeesch informing her I received her email with the additional documentation. I provided a list of the documents still needed.
03/14/2024	Contact - Document Received - Email received from Bridget Vermeesch discussing final steps needed to license this facility.
07/11/2024	Contact – Document Received - House rules, Job descriptions, lease, trainings, staffing pattern and schedule, standard procedures, variance
11/26/2024	Contact – Document Received - Updated Articles of Corp, CPR First Aid, and Personnel policies
11/26/2024	Inspection completed – BCAL Full Compliance
11/26/2024	Recommend license issuance
12/02/2024	Contact – Document received; new Medical Clearance submitted for Ms. Hill.
12/03/2024	Contact – Document received - Submitted furnace and water heater inspections within the last year.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Fawn Circle is located on the bottom level of a classic sprawling brick ranch home peacefully nestled among mature trees at the end of a cul-de-sac within the Township of Dewitt. The home sets on nearly eight acres and is owned by Kevin Collins and leased to Centered Care LLC. A letter from owner Kevin B. Collins dated 03/15/2024 was provided giving Centered Care LLC the right to occupy the property located at 1920 Deerwood Circle Dewitt, MI 48820, and provide licensed adult foster care from the

property. The letter also gives the Michigan Department of Licensing and Regulatory Affairs (LARA) permission to inspect this property as necessary.

Fawn Circle is located in a large walkout lower level underneath another licensed facility also owned by Centered Care LLC. There is a large dining and living room with a fully equipped kitchen. The facility has five bedrooms and two full bathrooms. The bathrooms are completely wheelchair accessible. The home has an attached garage, pool barn, fencing in the backyard, a covered porch, and patio allowing residents the opportunity to enjoy the beautiful surroundings. The main floor further consists of living, dining, laundry room, and kitchen. There are two principal means of egress on the main level one leading out the front and the other out the back of the home. A third means of egress would be through the attached garage. The home has an open floor plan with a large living, dining, and kitchen area. The home utilizes a private water and sewage system and at the time of inspection was in full compliance with applicable environmental health rules. Mid-Michigan District Health Department conducted an Environmental Health Inspection on 02/07/2024 and determined the facility to be in substantial compliance with applicable rules. There are two exits which are at ground level to assist with egress at both main exits making the home is wheelchair accessible and therefore can accommodate full time wheelchair users.

The applicant plans to admit residents who use a wheelchair or walker to ambulate on a regular basis. The facility is equipped with fire extinguishers and the facility is constructed of standard building material. A new gas-fired furnace was installed and received final approval on 11/08/2023. The furnace and hot water heater were both inspected and approved on 11/20/2024 by Mark Woodman Plumbing and Heating. There are two gas-fired furnaces and two gas-fired hot water heater located in mechanical rooms within the facility. There is a 1 3/4 -inch solid core wood door, hung in a fully stopped wood frame, and equipped with an automatic self-closing device and positive latching hardware separating the room containing the gas-fired furnace and gas-fired hot water heater from the rest of the garage to create floor separation as required. Smoke detectors have been installed near sleeping areas, in areas containing flame producing equipment, and on each occupied floor of the home. The facility has an interconnected smoke detector system powered from the building's electrical system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'9 x 12'	105	1
2	16'4 x 9'2	150	1
3	15'5 x 11'4	175	1
4	18'11 x 14'5	273	2
5	9'10 x 10'3	101	1

The living, dining, and sitting room areas measure a total of 792 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 **six (6)** 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 six male and/or female residents who are physically handicapped or have sustained a traumatic brain injury (TBI). The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, independent living skills; and opportunity for involvement in educational, community activities, employment, and transportation.

The applicant stated Centered Care LLC, AFC was created from a concept that a person has the right to live in a home environment while recovering from a spinal cord injury (SCI), TBI or stroke that assists them with all activities of daily living and helps them achieve their rehabilitation goals.

The applicant indicated the trained staff and administrator of the facility will assist residents with meals, medication, ambulation, and all activities of daily living while ensuring dignity and promoting independence and fostering hope. The applicant stated the facility will be staffed with individuals trained extensively in care of residents with SCI and TBI including medical signs and symptoms to watch for and behavioral diversion techniques. The applicant stated staff members will be trained to perform transfers, (including those requiring the use of a Hoyer lift) and the applicant will accommodate residents who require assistance from two staff members to transfer.

The applicant will provide transportation to medical appointments and therapies and will also coordinate outside therapy services to come to the facility and perform therapies for those who may need home services. The applicant stated a pharmacist will review resident medications monthly and analyze medications for each resident to assess for possible negative interactions. The applicant will work closely with all physicians, therapists, and other disciplines that each resident may require to assist with residents' rehabilitation goals and plans of care.

The applicant stated every resident will be encouraged to "live life each day with hope" as direct care staff members encourage independence, socialization, inside and outside activities as well as personalized individualized care plans and services. The applicant intends to accept referrals from private insurance companies, residents with other private sources for payment, and from community sources such as hospitals or rehabilitation facilities.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. The applicant stated residents will have opportunities to access the community for movies, coffee and snacks, the local zoo, the local YMCA, and Michigan State University. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

Centered Care, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 05/26/2021. 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 members of Centered Care, L.L.C. have submitted documentation appointing Julia Hill as the licensee designee and administrator of the facility. A criminal history background check of Ms. Hill was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Hill submitted a statement from a physician documenting her good health dated 12/02/2024. Ms. Hill submitted a current tuberculosis test indicating no signs of active disease.

Ms. Hill provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Hill has been employed with Optimal Medical Staffing since 2015 and has worked directly with residents providing high acuity pediatric patient care, degenerative brain disease, medication administration, breathing treatments, oxygen administration, BiPap, patient care, pediatric assessments, vital signs, tube feedings, ROM, intake and output, high acuity adult patient care, medication administration, ventilator, cough assist, trach care, suctioning, breathing treatments, oxygen administration, patient care, adult physical assessments, vital signs, tube feedings, ROM, intake and output, wound care, supervisory responsibilities, staff training, care plans specializing in the unique needs of patients with traumatic brain injuries (TBI) and spinal cord injuries (SCI), and medication set up.

Ms. Hill has been caring for residents with TBI, SCI, and/or other physical handicaps for the past nine years. She has demonstrated an understanding of licensing rules for group homes. Ms. Hill is a Licensed Practical Nurse (LPN). Ms. Hill submitted documentation indicating she has been formally trained in nutrition, first aid, CPR, fire safety and prevention, resident rights, foster care as defined in the Act, and prevention and containment of communicable diseases.

Ms. Hill's documented experience reflects financial and administrative management skills and knowledge of the needs of the population to be served.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff members for six residents per shift. In addition, Ms. Hill will be available Monday through Friday during the day and additionally as needed for activities, training, appointments, etc. The applicant acknowledged that the staff to resident ratio may need to change 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 direct care staff members will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff members 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 direct care staff members who have received medication training and have been determined competent by the licensee designee will 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 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 8 DCSM 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 for AFC residents, 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 the 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 the residents' 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 mobility impairments will reside on the main floor of the facility.

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 six residents.



Jennifer Browning
Licensing Consultant

12/04/2024
Date

Approved By:



12/05/2024

Dawn N. Timm
Area Manager

Date