



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 11, 2025

Tia Glass
Comfort And Care LLC
1758 E Clark Rd
Dewitt, MI 48906

RE: Application #: AL190419090
Gunnisonville Meadows
1758 E. Clark Rd
LANSING, MI 48906

Dear Ms. Glass:

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) 284-9730.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL190419090
Licensee Name:	Comfort And Care LLC
Licensee Address:	5537 Silverleaf Ct. HASLETT, MI 48840
Licensee Telephone #:	(832) 606-0770
Licensee Designee:	Tia Glass
Administrator:	Tia Glass
Name of Facility:	Gunnisonville Meadows
Facility Address:	1758 E. Clark Rd LANSING, MI 48906
Facility Telephone #:	(517) 802-0066
Application Date:	01/03/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

10/16/2023	Inspection Completed-Env. Health: A EHI used from previous license, AL190316312.
09/11/2024	Inspection Completed-Fire Safety: A BFS inspection used from previous license, AL190316312.
01/03/2025	On-Line Enrollment
01/06/2025	PSOR on Address Completed
01/06/2025	Contact - Document Sent- sent form and BFS letter
01/10/2025	Contact - Document Received
01/10/2025	File Transferred To Field Office
01/14/2025	Application Incomplete Letter Sent
02/06/2025	Application Complete/On-site Needed
02/06/2025	Inspection Completed On-site
02/06/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Gunnisonville Meadows was recently purchased by Comfort and Care LLC. Gunnisonville Meadows ranch style building with vinyl siding and brick located in north Lansing near the small town of Dewitt, Michigan. The facility originally was an old elementary school in which the rear of the building was transformed into Gunnisonville Meadows. The front of the building adjoins an existing charter school and child care facility; however, there are two separate fire suppression secured doors connecting the two entities from each other and those doors are never propped open. The facility is tastefully decorated in warm, comforting colors and fixtures. There is ample parking for visitors and employees.

The facility also has an enclosed outdoor courtyard within the center of the facility for residents to safely enjoy the outdoors. The facility contains 20 private-individual resident rooms each with a private half-bathroom. Nine of the resident's bedrooms are furnished with a small kitchenette which includes cupboards, a small sink, and space for a microwave and small refrigerator. Each resident bedroom has an individual heating and cooling unit, so residents can determine the temperature of their room at any time. Resident bedrooms are also equipped with an emergency call alert system which can

be activated when assistance is needed. There are also three full bathrooms, large resident dining area with kitchenette, laundry room, two residents living areas, full commercial kitchen and medication room. The facility is wheelchair accessible as all entrances/exits are at grade and all doorways and hallways are of sufficient width to accommodate wheelchair users. The facility utilizes private water and a private sewage disposal system. The Clinton County Environmental Health Department inspected the facility on 10/16/2023 and the facility was given an 'A' rating. The facility uses a natural gas furnace and boiler heating system, all of which are located in the locked utility room. The Boiler was inspected by the State of Michigan on 01/23/23 with an expiration date of 06/6/26. The furnace was inspected by Chasco on 02/14/2024. The utility room is equipped with a fire-rated metal door which has an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas and near all flame- or heat producing equipment. The facility is also fully sprinkled. On 09/11/24, the facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1, 2, 3, 5, 7, 10, 11, 14, 16, 17, & 20	12'0" x 11'10" + 6'8" x 2'4"	157 square feet	One resident per room unless utilized by a married couple
4, 6, 8, 9, 12, 13, 15, 18, & 19	12'2" x 12'4"	150 square feet	One resident per room unless utilized by a married couple
Living Area # 1	18'0" x 15'4"	276 square feet	
Living Area # 2	18'0" x 15'4"	276 square feet	
Dining Area	30'6" x 29'0"	884.5 square feet	

The living, dining, and sitting room areas measure a total of 1436.5 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 **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 **20** male or female adults whose diagnosis is physically handicapped and/or aged (55) 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 private pay individuals and Medicaid Waiver as a referral source.

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 reach out to local community resources such as public schools, community groups and churches and encourage these groups to bring their programs/education opportunities to the facility to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Comfort and Care LLC., which is a "For Profit Corporation", and was established in Michigan on 12/31/2024. 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 Board of Directors of Comfort and Care, LLC. have submitted documentation appointing Tia Glass as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed and no LEIN convictions were recorded for Tia Glass. Licensee designee/administrator Tia Glass submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Tia Glass provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Glass has over 15 years of experience as a Registered Nurse, a Licensed Nursing Home Administrator with clinical and management experience in skilled nursing and assisted living communities working with aged individuals and those diagnosed with a physical handicap.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of two 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 designee, 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 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 facility.

D. Rules/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

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

Bridget Vermeesch

02/07/2025

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

02/11/2025

Dawn N. Timm
Area Manager

Date