



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 14, 2025

Diane Smith
TLC Adult Care Home, LLC
Box 148
Crystal, MI 48818

RE: Application #: AS590418641
TLC Adult Care Home
8294 E. Sidney Rd.
Crystal, MI 48818

Dear Ms. Smith:

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 blue ink, appearing to read "Amanda Blasius".

Amanda Blasius, 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 #: | AS590418641 |
| Licensee Name: | TLC Adult Care Home, LLC |
| Licensee Address: | 8294 E. Sidney Rd Crystal, MI 48818 |
| Licensee Telephone #: | (989) 383-0073 |
| Licensee Designee: | Diane Smith |
| Administrator: | Diane Smith |
| Name of Facility: | TLC Adult Care Home |
| Facility Address: | 8294 E. Sidney Rd. Crystal, MI 48818 |
| Facility Telephone #: | (989) 383-0073 07/09/2024 |
| Application Date: | |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODOLOGY

| | |
|------------|---|
| 07/09/2024 | On-Line Enrollment |
| 07/10/2024 | PSOR on Address Completed |
| 07/10/2024 | Contact - Document Sent- forms sent |
| 07/10/2024 | Inspection Report Requested – Health- Inv 1034538 |
| 09/03/2024 | Contact - Telephone call received- let licensee that we have not received her paperwork |
| 09/13/2024 | Contact - Document Received- 1326/RI030 |
| 09/17/2024 | File Transferred To Field Office |
| 09/19/2024 | Application Incomplete Letter Sent |
| 02/24/2025 | Application Complete/On-site Needed |
| 02/24/2025 | Inspection Completed-BCAL Sub. Compliance |
| 03/10/2025 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

TLC Adult Care Home is a ranch single level home located in rural Crystal Township. The home is located just outside the city limits of Crystal and across the street from Crystal Motor Speedway. The ranch level home has four resident bedrooms and two additional bedrooms for staff members. TLC Adult Care Home has one full bathroom for residents and a half bathroom. An additional full bathroom is available for staff members to use. The home sits on 2.5 acres and has a large pole barn for storage. The home has a large wrap around porch around $\frac{3}{4}$ of the home. When entering the home, there is a hallway with the basement door directly across from the entrance door. The basement is unfinished and is only used for storage. All utilities are located in the basement. Off from the hallway is a half bathroom and laundry room. At the end of the hallway is an open kitchen, dining room and living room. Within the dining room is a table that seats six. The dining room also contains a large sliding glass door that opens out onto the wraparound porch. A small medication/storage room is located within the dining room. The living room is a large space and contains a TV, five chairs, two couches, a wood stove that is no longer used, a large front window that looks out to the front yard and an additional exit door that leads to the front of the wrap around porch. The kitchen has been updated with all new appliances and a new countertop. Off from the kitchen is a long hallway that leads to a full resident bathroom, and the four resident bedrooms. A

door is located at the end of the hallway and on the other side of the door are the two additional bedrooms for staff members and a full bathroom for staff members. The home utilizes a private sewer and a public water system.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A furnace and water heater inspection were completed on 11/18/2024 by AMS Heating and Cooling and they reported both to be in good operating condition.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 13'4" X 15'4" | 204 sq ft. | 2 |
| 2 | 15'4" X 13'11" | 213 sq ft. | 2 |
| 3 | 9'11' X 12'3" | 121 sq ft. | 1 |
| 4 | 9'8" X 9'5" | 90 sq ft. | 1 |

The living, dining, and sitting room areas measure a total of 380 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

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 six (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally illness, 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 Montcalm Care Network or private pay individuals as a referral source.

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. 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 TLC Adult Care Home, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 06/04/2024. 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 members of TLC Adult Care Home, L.L.C. have submitted documentation appointing Diane Smith as Licensee Designee for this facility and Diane Smith as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for 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. Licensee designee, Diane Smith has over a year of experience working with developmentally disabled and mentally ill adults, as her mother owned an AFC. Ms. Smith reported that worked part time at the AFC from 1986-2021. Ms. Smith also worked within the Western Wayne Correctional Facility as a Recreational Therapist in an Intermediate Care Placement Unit for mentally ill prisoners from 1982-1989. Most recently Ms. Smith has worked as a substitute teacher within special education classrooms from 2021-2024. Ms. Smith graduated from Central Montcalm High School in 1981 and received her Bachelors of Therapeutic Recreation and Physical Education from Grand Valley State College in 1986.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant acknowledges that the staff 1 to 6 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 not 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 1 to 6 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 1 to 6 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 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 temporary license to this AFC adult small group home with a capacity of six residents.



3/13/2025

Amanda Blasius
Licensing Consultant

Date

Approved By:



03/14/2025

Dawn N. Timm
Area Manager

Date