

GRETCHEN WHITMER **GOVERNOR** 

#### STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA **DIRECTOR** 

April 8, 2025

Katie Steckler Daily Life Skills Independence Hub LLC 517 Chatham St Lowell, MI 49331

RE: Application #: AS340419087

**Heart of Hubbardston** 465 W Pleasant St **Hubbardston, MI 48845** 

Dear Ms. Steckler:

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,

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 #**: AS340419087

Applicant Name: Daily Life Skills Independence Hub LLC

**Applicant Address:** 517 Chatham St

Lowell, MI 49331

Applicant Telephone #: 810-923-8177

Licensee Designee: Katie Steckler

Administrator: Katie Steckler

Name of Facility: Heart of Hubbardston

Facility Address: 465 W Pleasant St

Hubbardston, MI 48845

Facility Telephone #: 616-902-4472

Application Date: 12/30/2024

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

**ALZHEIMERS** 

#### II. METHODOLOGY

02/14/2024	Inspection Completed-Env. Health : A refer to AS340408187
12/30/2024	Enrollment
12/30/2024	Application Incomplete Letter Sent
12/30/2024	PSOR on Address Completed
12/30/2024	File Transferred To Field Office
01/03/2025	Application Incomplete Letter Sent
01/17/2025	Licensing documents received via email.
02/05/2025	Licensing documents received via email.
02/24/2025	Licensing documents received via email.
03/07/2025	Licensing documents received via email.
03/12/2025	Licensing documents received via email.
03/26/2025	Application Complete/On-site Needed
03/27/2025	Inspection Completed-BCAL Sub. Compliance
03/28/2025	Application Incomplete Letter Sent
04/04/2025	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

## A. Physical Description of Facility

Heart of Hubbardston is a six-bed adult foster care home located at 465 Pleasant Street in Hubbardston, Michigan 48845. The home is situated in a secluded location in the village of Hubbardston located near Ionia, Michigan and Carson City, Michigan. Heart of Hubbardston is a large six-bedroom home sitting on one acre of property. The facility has ample parking for staff and visitors. Ionia, Michigan is about twenty-five minutes from the facility and ten minutes away from Carson City, Michigan. Ionia, Michigan has a movie theatre, shopping, bowling alley, hospital, and restaurants. There is also an abundance of parks, trails, and outdoor recreation space. Carson City, MI also has a variety of restaurants, parks, and medical facilities.

The two-story home is vinyl sided. The main floor contains a living room, dining room,

kitchen with dinette, four private bedrooms, and one shared bedroom. The home also has two full bathrooms and a pantry room. There is a covered back porch which wraps around the back of home offering residents the opportunity to enjoy the outdoors. The second floor of the facility is used for staff and not approved for resident use. The home is not wheelchair accessible and Katie Steckler will only accept residents that are fully ambulatory.

An Environmental Health Inspection was completed on February 14, 2024 by the Ionia County Health Department and the facility was determined to be in substantial compliance with the applicable environmental health rules. The kitchen and bathroom temperatures in the facility measured between 105 and 120 degrees Fahrenheit at the time of the on-site inspection.

The facility has a gas water heater and furnace located in a crawl space accessible from the outside of the facility. The facility has private well and sewage systems. A new furnace was installed on 03/14/2025 by Looking Glass Mechanical and General Contracting.

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. The system was inspected by Fire Pros, fire protection services on April 2, 2024. There is at least one operable fire extinguisher attached to the wall on each floor that is easily accessible. The facility is in compliance with all fire safety requirements for small six bed adult foster care facilities.

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

Bedroom #	<b>Room Dimensions</b>	Total Square Footage	Total Resident Beds
1	9'6" X 15'1	143 sq ft.	2
2	10'8 X 7'11"	84 sq ft.	1
3	10'7 X 7'8	81 sq ft.	1
4	9'8 X 10	97 sq ft.	1
5	10'2 X 9'6	97 sq ft.	1

The indoor living and dining areas measure a total of 546 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six 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, mentally impaired, aged, physically handicapped or traumatically brain injured 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 PACE, Reliance, Ionia County CMH, 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 Daily Life Skills Independence Hub LLC which is a "Domestic Limited Liability Company", was established in Michigan, on 01/10/2023. 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 members of Daily Life Skills Independence Hub LLC, L.L.C. have submitted documentation appointing Katie Steckler 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 have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Steckler graduated with her master's degree in learning disabilities from Grand Valley State University in 2016. Since 2023, Ms. Steckler has been the owner of Daily Life Skills Independence Hub LLC which provides community living services to group homes, where she reports she has worked with aged, Alzheimer's, developmentally disabled, physically handicapped and mentally ill residents. From 2016-2023, Ms. Steckler reported that she worked with individuals aged 18-26 who were developmentally disabled and mentally ill within the school system as a teacher. Ms. Steckler stated that she has been providing care to four individuals at the current facility address since March 2024 and these individuals are diagnosed with

developmentally disabled, mental illness, traumatically brain injured and physically handicapped with a walker and cane. Ms. Steckler stated that she has a non-licensed home in Comstock Park which has been open since June 2024 and serves aged, Alzheimer, mentally ill and developmentally disabled residents and who are all community mental health connected. Ms. Steckler reported that she also became licensee designee for another licensed home in Hesperia in January 2025 which serves aged and Alzheimer residents.

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 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 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.

## C. 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.

Chur Sh	04/0	4/2025
Amanda Blasius Licensing Consultant		Date
Approved By:		
Guir Omw	04/08/2025	
Dawn N. Timm Area Manager		Date