



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

February 01, 2008

Paul Wyman
Retirement Living Management of Fruitport
1845 Birmingham
Lowell, MI 49331

RE: Application #: AL610288875
Chestnut Fields Retirement Community
5425 Chestnut Dr.
Fruitport, MI 49415

Dear Mr Wyman:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616 356-0662.

Sincerely,

Edna E. Albert, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AL610288875

Applicant Name: Retirement Living Management of Fruitport

Applicant Address: 1845 Birmingham
Lowell, MI 49331

Applicant Telephone #: (616) 897-8000

Administrator/Licensee Designee: Paul Wyman, Designee

Name of Facility: Chestnut Fields Retirement Community

Facility Address: 5425 Chestnut Dr.
Muskegon, MI 49444

Facility Telephone #: (231) 798-2220

Application Date: 01/25/2007

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

01/25/2007	Enrollment
03/12/2007	Inspection Report Requested - Health 1012002
03/12/2007	Inspection Report Requested - Fire
03/12/2007	File Transferred To Field Office Grand Rapids
03/14/2007	Comment app rec'd in GR
03/16/2007	Application Incomplete Letter Sent
03/23/2007	Contact - Document Received documents requested in incomplete application letter, minus staffing ratio.
04/17/2007	Application Incomplete Letter Sent
08/28/2007	Application Incomplete Letter Sent
09/10/2007	Inspection Completed-Fire Safety : A
09/18/2007	Application Complete/On-site Needed
09/19/2007	Inspection completed on site
10/02/2007	Telephone contact Sanitarian - no environmental approval has been issued or a CAP received from Chestnut Fields.
10/03/2007	Inspection Completed-Env. Health : A
11/06/2007	Variance request Submitted by licensee designee.
11/07/2007	Contact document received – Updated admission policy
11/27/2007	Document sent – Variance transmittal submitted for approval
12/03/2007	Contact- document received- Updated admission policy, refund policy, resident acknowledgement, and program statement from administrator.

12/13/2007	Contact- document sent- Variance request re-submitted for approval
01/10/2008	Contact – telephone call To area manager
01/10/2008	Contact – telephone call To Chestnut fields administrator
01/10/2008	Contact – document received Chestnut Fields revised admission policy
01/28/2008	Contact-document received Variance approval letter
01/29/2008	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a new construction, located in a suburban setting. The building is a single story stick built construction. The entrance is located in the center of the building. The office, dining area, kitchen, activity room and beauty shop, are located in this central area. The resident rooms are located in the two-wings, which extend from either side of the center of the building. There are 10 resident rooms located in each wing. Each resident room has a bedroom, full bath, and living room, and a small kitchenette. There is a common area that includes an activity room, dining area, a beauty shop, laundry, and the facility office and facility kitchen.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with a sprinkler system, pull alarm stations, and an interconnected, hardwire smoke detection system with battery back up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage of Bedroom	Total Square Footage of Unit	Total Resident Beds
1	11.58 x 10.92	126.45	334.23	1
2	11.58 X 8.25	95.5	222	1
3	11.58 X 8.25	95.5	222	1
4	11.58 X 8.25	95.5	222	1
5	11.58 X 8.25	95.5	222	1

6	11.58 X 8.25	95.5	222	1
7	11.58 X 8.25	95.5	222	1
8	11.58 X 8.25	95.5	222	1
9	11.58 X 8.25	95.5	222	1
10	11.58 X 8.25	95.5	222	1
11	11.58 x 10.92	126.45	334.23	1
12	11.58 X 8.25	95.5	222	1
13	11.58 X 8.25	95.5	222	1
14	11.58 X 8.25	95.5	222	1
15	11.58 X 8.25	95.5	222	1
16	11.58 X 8.25	95.5	222	1
17	11.58 X 8.25	95.5	222	1
18	11.58 X 8.25	95.5	222	1
19	11.58 X 8.25	95.5	222	1
20	11.58 X 8.25	95.5	222	1

Of the twenty resident rooms two rooms are designed to be larger than the eighteen other rooms. Each of the two larger resident rooms has 334.23 square feet of living space. Each of the 18 smaller resident rooms has 222 square feet of living space.

The common areas of the facility provide living, dining, and sitting room areas measure a total of 1,043.35 square feet of living space in the common area. The common area, plus the living space in each resident room, exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (**20**) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The licensee has been approved for a variance for bedroom furnishings. Residents will have the option to provide their own furniture instead of having furnishings supplied by the facility. Those residents who request furnishings supplied by the facility will not be subject to additional fees by the licensee. All resident bedroom furnishings will be required to be maintained by the licensee in accordance to the administrative rule.

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 residents. The facility is wheel chair accessible so individuals who are mobility impaired as well as ambulatory. 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. Residents will be private payment.

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 assist resident in acquiring 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 Retirement Living Management of Fruitport, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/23/2006. 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 Retirement Living Management of Fruitport, L.L.C. has submitted documentation appointing Paul Wyman as Licensee Designee for this facility and Maggie Carlson 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.

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. All staff shall be awake during sleeping hours.

The licensee designee acknowledges an understanding of the training and qualification 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 licensee designee 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee designee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensee designee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the licensee designee acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The licensee designee 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.

D. Rule/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 adult foster care large group home (capacity 20).

Edna Albert 02/01/2008
Licensing Consultant Date

Approved By:

 02/01/2008
Christopher J. Hibbler Date
Area Manager