



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 7, 2009

Richard Maher, Administrator
Gogebic CMH SVS Board
103 W Us2
Wakefield, MI 49968

RE: Application #: AS270303161
Greenbush Home
N10281 Greenbush
Ironwood, MI 49938

Dear Gogebic CMH SVS Board:

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 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 Area Manager, Deborah Clark, at (906) 228-2852.

Sincerely,

Theresa Norton, Licensing Consultant
Bureau of Children and Adult Licensing
305 Ludington St
Escanaba, MI 49829
(906) 789-4606

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS270303161

Applicant Name: Gogebic CMH Svs Board

Applicant Address: 103 W Us2
Wakefield, MI 49968

Applicant Telephone #: (906) 667-0255

Administrator/Licensee Designee: Richard Maher, Administrator

Name of Facility: Greenbush Home

Facility Address: N10281 Greenbush
Ironwood, MI 49938

Facility Telephone #: (906) 229-6155

Application Date: 06/29/2009

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/29/2009	Enrollment
07/01/2009	Application Incomplete Letter Sent re: 1326 for Richard Maher
07/08/2009	Contact - Document Received 1326 for Richard
08/25/2009	Inspection Completed On-site
09/28/2009	Inspection Completed On-site
09/28/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a new construct, wood-framed, single story home (set on a full poured basement), located in the city of Ironwood. The property has a serene, wooded-setting, however, it is centrally located to schools, shopping, etc. Gogebic County Community Mental Health owns the home. Proof of ownership was provided and a copy of the warranty deed is maintained in the file.

The single story home is 1890 square feet and has 4 bedrooms and 2 full bathrooms. The facility has a kitchen, dining room, and large living room with an open-space concept. The heat plant is located in the basement with a minimum 1-3/4 inch, self-closing fire door. There is an interconnected smoke detection system, which was installed by a certified electrician. Bedrooms have the following dimensions:

Bedroom #1	165 sq. ft.	Approved Capacity 2
Bedroom #2	155 sq. ft.	Approved Capacity 2
Bedroom #3	119 sq. ft.	Approved Capacity 1
Bedroom #4	110 sq. ft.	Approved Capacity 1

This facility has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The facility is located within the city of Ironwood and is serviced with municipal water and sewage.

B. Program Description

The facility proposes to serve adults that are Developmentally Disabled, Mentally Ill, and Traumatic Brain Injured (TBI). The admission policies, program statements, discharge policy, refund policy, personnel policies, and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. The facility will encourage family involvement and social activities. The program will also promote and encourage cooperation, self-direction, independence and normalization.

Transportation to local medical appointments will be provided by the home as needed.

Licensee and Administrator Qualifications

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 a statement from a physician documenting good health and current TB-tine negative results.

The licensee designee/administrator has 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 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per awake shift and 1 staff to 6 residents during the sleep shift.

The licensee acknowledged 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 acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensees expressed that FBI fingerprinting and the Michigan State Police LEIN system will be utilized as the process to identify criminal history when assessing good moral character.

The licensee acknowledged 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 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 acknowledged 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 acknowledged responsibility to maintain a current employee record on file in the home for the licensees, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The licensee acknowledged 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 has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

The licensee acknowledged that written facility menus shall reflect three well-balanced and nutritious meals daily. The licensee is aware of and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged 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 acknowledges his 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.

C. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



10/07/2009

Theresa Norton
Licensing Consultant

Date

Approved By:



10/08/09

Deborah Clark
Area Manager

Date