



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

February 12, 2003

Patti Pumford
Cornerstone Living Center, Inc.
2900 Kellems Drive
Hastings, MI 49058

RE: Application #: AM080251168
Cornerstone Living Center, Inc.
2900 Kellems Dr.
Hastings, MI 49058

Dear Mrs. Pumford:

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, temporary license with a maximum capacity of 12 is recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Gregory V. Corrigan, Area Manager, at (269) 544-1270.

Sincerely,

Monte Bender, Licensing Consultant
Bureau of Family Services
890 North 10th Street, 2nd Floor
Kalamazoo, MI 49009-8023
(269) 544-1278

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AM080251168

Applicant Name: Cornerstone Living Center, Inc.

Applicant Address: 2900 Kellems Drive
Hastings, MI 49058

Applicant Telephone #: (269) 945-2801

Administrator/Licensee Designee: Patti Pumford, Designee

Name of Facility: Cornerstone Living Center, Inc.

Facility Address: 2900 Kellems Dr.
Hastings, MI 49058

Facility Telephone #: (269) 945-2801

Application Date: 08/20/2002

Capacity: 12

Program Type: Aged
Developmentally Disabled
Physically Handicapped

II. METHODOLOGY

08/20/2002	Enrollment
08/22/2002	Inspection Report Requested - Fire
08/26/2002	Inspection Report Requested - Health
12/13/2002	Inspection Completed-Env. Health : A
12/23/2002	Inspection Completed-Fire Safety : A
02/04/2003	Inspection Completed On-site Application.
02/04/2003	Inspection Completed-BFS Full Compliance

Directions to the Facility – Follow M-37 south from Hastings (toward Battle Creek); turn left onto M-79 (to Nashville); go approximately 3 miles, look for a sign on the left indicating “Hanover House,” turn left; Kellems Drive is immediately past Hanover House on the right side; the facility is the first building directly ahead on Kellems Drive.

Such documents as the Program Statement, Admissions Policy, Articles of Incorporation, Designated Person Statement, Discharge Policy, House Rules, Organization Chart, Personnel Policy, Proof of Ownership, and Zoning Approval were reviewed during the inspection on February 4, 2003. Requirements were met as described in the administrative rules for adult foster care large group homes.

The quality of care issues were addressed by review of the application materials and interviews with and orientation of the licensee designee regarding resident care records, staff records and the rules relating to resident care. Quality of care will be further evaluated at the time of license renewal when residents are in care.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility.

Environmental.

- Property Ownership – A land contract document was reviewed indicating the sale of the building to Mr. and Mrs. Pumford, Officers of Cornerstone Living Center, Inc. A statement issued by the purchasers authorizing the corporation to operate an adult foster care facility at the site is on file at the facility, as well.
- Description of the Structure – The facility is a one-story wood-frame structure, built on a concrete slab, for the purpose of a resident care facility. The facility

faces west with the day room and the business office separating the north end from the south end. There are 12 resident rooms with one resident planned per room. Rooms #1 - #6 are located in the south wing. They do not have bathrooms. Resident Rooms #7 - #12, on the north wing all have ½ baths. There is a large community bath with a shower at the mid point of the north/south wings and an additional full bath with a bathtub at the end of the north wing, next to the dining area. The kitchen, located at the north end of the building is large and well equipped. This building is fully sprinkled and equipped with interconnected smoke alarms with battery back up. The heat plant is located in a utility room below ground and accessed from the outside only. The heating system (forced air) and hot water heater are natural gas fired. Fire exits are located at both ends of the facility as well as at the main entrance/exit from the day room. Fire exits are well marked and posted as well.

- Square Footage of Bedrooms and Living Space –

Bedroom #1	(12'3" x 8'8")(alcove 5'11" x 2'4")	119 sq. ft.
Bedroom #2	(12'3" x 8'8")(alcove 5'11" x 2'4")	119 sq. ft.
Bedroom #3	(12'3" x 9'10")	120 sq. ft.
Bedroom #4	(12'3" x 9'10")	120 sq. ft.
Bedroom #5	(12'3" x 9'10")	120 sq. ft.
Bedroom #6	(12'3" x 9'10")	120 sq. ft.
Bedroom #7	(10'0" x 12'3")	122 sq. ft.
Bedroom #8	(10'0" x 12'3")	122 sq. ft.
Bedroom #9	(10'0" x 12'3")(alcove 2'4" x 5'10")	135 sq. ft.
Bedroom #10	(10'0" x 12'3")	122 sq. ft.
Bedroom #11	(10'0" x 12'3")(alcove 2'5" x 5'10")	136 sq. ft.
Bedroom #12	(10'0" x 12'3")(alcove 2'4" x 5'10")	135 sq. ft.
Day Room	(19'8" x 17'4")	340 sq. ft.
Dining Room	(21'1" x 13'5")	282 sq. ft.
Total Living space		622 sq. ft.

The facility exceeds the minimum requirement for a facility housing 12 residents. No staff will be living in the facility.

- Sanitation – An environmental inspection was conducted on or about December 13, 2002. The facility is serviced by a well and septic system. The facility was found to be in substantial compliance with Barry County well and septic standards. Documentation of the environmental inspection is on file at the facility.
- Fire Safety – A fire safety inspection was conducted by the Office of Fire Safety on or about December 23, 2002. The facility was found to be in substantial compliance with appropriate fire safety rules. Documentation of the fire safety inspection is on file at the facility.

B. Program Description.

Administrative Structure.

- Description of Organizational Structure – Cornerstone Living Center, Inc. is the licensee. The licensee designee is Patti Pumford. She is also the administrator. There are letters of appointment on file at the facility, issued by the corporation, to support these appointments. Since there are no residents of the facility at this time there are no staff. It is intended that, when the facility reaches full capacity, there will be 6 staff total, the licensee, 3 full time staff and two part-time providing 24-hour care. There will be three full shifts: day shift (7:00 AM to 3:00 PM); evening shift (3:00 PM to 11:00PM); night shift (11:00 PM to 7:00 AM). The administrator intends to be providing direct care, and she intends to gradually add staff as the resident population grows.
- Good Moral Character – The Licensing Record Clearance Request (BRS-1326) for the licensee designee/administrator has been submitted and the search found no criminal history background. The good moral character is further supported by the written references on file at central office.
- Financial Stability and Capability – A review of the application and interview with the licensee designee indicate substantial compliance with the applicable rules regarding financial capability of the corporation.
- Disclosure of Ownership Interest – The ownership of the facility is verified by a land contract agreement confirming the purchase of the facility at the given address for Cornerstone Living Center, Inc. The land contract agreement documentation is available at the facility for review.

Qualifications and Competencies.

- Training – The licensee designee/administrator is a registered nurse whose credentials are current. She has had 7 years experience in direct care working with the elderly as a hospice nurse. Her organizational skills are evident upon review of required documentation located at the facility. The facility is in substantial compliance with the applicable rules regarding required training and competencies.
- Health – A review of the application and supporting documents, such as the medical evaluation and TB test results, indicate substantial compliance.

Program Information.

- Admission/Discharge – The licensee designee has established a program statement, and admissions policy and discharge policy, which is on file at the facility. The provider prefers to provide care for the elderly, developmentally

disabled and physically handicapped individuals. The facility will accept both males and females. The facility is wheel chair accessible and all residents must be ambulatory and a minimum of 18 years old. Smoking is not allowed in the facility. Short-term care is available. Discharge criteria are established and are in substantial compliance with administrative rules.

- Transportation – The facility will not be providing transportation. Countywide transportation is available upon request. Relatives of residents will be expected to be available to transport residents to appointments when needed. Private transporters may be available and upon request.
- Recreation – Resident social and recreational activities include television and an assortment of reading materials including newspapers and magazines. In addition, puzzles and board games will be available. The licensee designee/administrator has planned to hold a weekly bingo night and a weekly movie night. With a large back yard, walk area and a flowing stream outdoor activities are planned in acceptable weather such as picnics and grill outs.

Facility and Employee Records.

- Facility Records – A review of the application and supporting documents located at the facility, such as the Admission/Discharge Policy, Refund Policy, Program Statement, Standard and Routine Procedures, Emergency Preparedness Plans indicate substantial compliance with the applicable rules.
- Staff Records – There were no staff and therefore no staff records to review. The licensee designee has indicated her knowledge of the requirements of the administrative rules for staff records. Staff records will be accessed at the time of the interim inspection. The licensee designee has indicated a plan for accessing the good moral character of prospective staff persons to include an evaluation of criminal history background.

IV. RECOMMENDATION

A temporary license with a maximum capacity of 12 is recommended.

Monte Bender Date
Licensing Consultant

Approved By:

Gregory V. Corrigan Date
Area Manager