

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



ISMAEL AHMED DIRECTOR

JENNIFER M. GRANHOLM GOVERNOR

April 21, 2010

Mayra Ramos ResCare Premier, Inc. Suite 204 438 Main Street Rochester, MI 48307

> RE: Application #: AS730307068 ResCare Premier Vienna 828 E. Broad St. Chesaning, MI 48616

Dear Ms. Ramos:

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 the local office at (989) 758-2717.

Sincerely,

Jane F. Stier

Diane L Stier, Licensing Consultant Bureau of Children and Adult Licensing 1919 Parkland Drive Mt. Pleasant, MI 48858-8010 (989) 772-8479

Enclosure

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

### I. IDENTIFYING INFORMATION

| License #:                       | AS730307068   |  |
|----------------------------------|---|--|
| Applicant Name:                  | ResCare Premier, Inc.   |  |
| Applicant Address:               | 9901 Linn Station Road<br>Louisville, KY 40223  |  |
| Applicant Telephone #:           | (800) 866-0860  |  |
| Administrator/Licensee Designee: | Mayra Ramos, Designee   |  |
| Name of Facility:                | ResCare Premier Vienna  |  |
| Facility Address:                | 828 E. Broad St.<br>Chesaning, MI 48616   |  |
| Facility Telephone #:            | 03/08/2010  |  |
| Application Date:                |   |  |
| Capacity:                        | 6   |  |
| Program Type:                    | MENTALLY ILL<br>DEVELOPMENTALLY DISABLED<br>PHYSICALLY HANDICAPPED<br>TRAUMATICALLY BRAIN INJURED |  |

# II. METHODOLOGY

| 03/08/2010 | Enrollment   |
|------------|--|
| 03/19/2010 | Application Incomplete Letter Sent re: updated application |
| 03/24/2010 | Inspection Completed On-site<br>Preliminary walk-trhough   |
| 04/21/2010 | Inspection Completed-BCAL Full Compliance                  |
| 04/21/2010 | Application Complete/On-site Needed                        |

# III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This single-story ranch home, with a standard Dempsey (AIS) floor plan, is located in the city of Chesaning and was formerly licensed under the names Broad Street and Heritage CLF (closed as of 10/31/07). The home consists of four resident bedrooms, two full bathrooms (one with tub and one with shower), large living/ding area, small sitting (or program) room, kitchen, office, and laundry room. An after-hours emergency clinic is located in Chesaning, as are opportunities for shopping and recreation. Other services, including hospitals, are available in Saginaw, 30 miles away.

ResCare Premier Vienna has city sewer and water services. The home is heated by a natural gas forced-air furnace, and also has central air-conditioning. The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating, with a fire-rated door with self-closing device. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility also has pull-station alarms and is sprinkled. A copy of the inspection report from Quality First Fire Alarm & Sprinkler Co. for both alarm and sprinkler systems is in the licensing file. The home is fully accessible to persons who regularly require the use of a wheelchair, and has ground-level egress at all exits.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1         | 14.9'x11.2'     | 166.9 sq. ft.        | 2                   |
| 2         | 15.4'x11.3      | 174 sq. ft.          | 1                   |
| 3         | 14.9'x11'       | 163.9 sq. ft.        | 1                   |
| 4         | 15.4'x10.8'     | 166.3 sq. ft.        | 2                   |

The living (12.4'x20.1'), dining (15.4'x14'), and sitting room (18'x10.8') areas measure a total of 659 square feet of living space. This exceeds the minimum of 35 square feet per resident 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 adults whose diagnosis is developmentally disabled or mentally impaired, 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. Residents will be referred from Saginaw County Community Mental Health Authority.

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 ResCare Premier, Inc., which is a "For Profit Corporation" established in Michigan, on 11/19/1996. 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 has submitted documentation appointing Mayra Ramos as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. Ms. Ramos submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Ramos has been serving as the licensee designee for ResCare Premier, Inc. for several years and 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 six-bed facility is adequate and includes a minimum of one staff –to- three residents per shift. All staff shall be awake during sleeping hours.

The applicant 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 applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have <u>regular</u>, <u>ongoing</u>, "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 (<u>www.miltcpartnership.org</u>), L-1 Identity Solutions<sup>™</sup> (formerly Identix ®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant 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 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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 applicant 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 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.

### **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 (capacity 1-6).

. F. Stier

Diane L Stier Licensing Consultant

<u>April 21, 2010</u> Date

Approved By:

Gregory Rice

April 22, 2010

Gregory Rice Area Manager Date