



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

June 1, 2010

We Care Management LLC
3973 W. Grand River Rd.
Owosso, MI 48867

RE: Application #: AS780307442
We Care Management
3973 W. Grand River Rd.
Owosso, MI 48867

Dear We Care Management LLC:

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 (517) 241-2585.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909-8150
(517) 335-6084

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS780307442

Licensee designee Name: We Care Management LLC

Licensee designee Address: 3973 W. Grand River Rd.
Owosso, MI 48867

Licensee designee Telephone #: (989) 723-9973

Licensee Designee: Zelda Secord

Name of Facility: We Care Management

Facility Address: 3973 W. Grand River Rd.
Owosso, MI 48867

Facility Telephone #: (989) 723-9973
04/05/2010

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/05/2010	Enrollment
04/07/2010	Application Incomplete Letter Sent
04/15/2010	Contact - Document Received. Record clearance for Licensee Designee.
04/16/2010	Application Complete/On-site Needed
04/21/2010	Inspection Completed-Environmental Health : A
05/27/2010	Inspection Completed On-site
05/27/2010	Exit Conference
06/01/2010	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located on Grand River Rd. west of M-52 in Bennington Township with an Owosso mailing address. The facility was built with the intent that it would be an adult foster care home. It contains 6 bedrooms, living room, family room, two full bathrooms, a staff bedroom and separate bathroom, staff office and a laundry room. At the time of the final inspection, the facility was in full operation under an existing license, AS780302501. Zelda Secord, the licensee designee, has been an employee of the home for several years before recently making arrangements to purchase the property in partnership with Judith Raymond and Dorothy Benham who have also been employed at the existing facility for several years. This facility is wheelchair accessible.

The facility is served by a private well and septic system. The well and septic system were inspected and approved by the Shiawassee County Health Department on 04/21/2010. The living space in the facility was measured and found to have adequate activity space.

The results are as follows:

Room	Dimensions	Square Footage
Living Room	30' X 16.33'	489 sq. ft.
Family Room	25' X 14.33 358	358 sq. ft.

The bedrooms were measured and have the following capacity:

Location	Dimensions	Square Footage	Room Capacity
Southwest bedroom	14.33' X 11.5'	165 sq. ft	1
Southeast bedroom	14.33' X 11.5'	165 sq. ft	1
Northwest bedroom	14.33' X 11.5'	165 sq. ft	1
Northeast bedroom	14.33' X 11.5'	165 sq. ft	1
Southeast bedroom	14.33' X 11.5'	165 sq. ft	1
Southwest bedroom	14.33' X 11.5'	165 sq. ft	1

It is the licensee designee's intention to use each of the bedrooms as a private room. The facility is equipped with an integrated smoke detector system that is powered by the facility electrical system. At the time of the final inspection, two fire extinguishers were located in the facility. All of the exterior door locks are non-locking-against-egress style locks. An evacuation plan was posted in the facility.

B. Program Description

The admission process for this facility includes a pre-placement interview and assessment process to insure that new residents will not pose a physical risk to other residents in this facility. The admission process includes a review of previous placement reports, an interview with the potential resident and the resident's family and/or representative. The Program Statement indicates that the purpose of the We Care Management LLC home is to provide a home-like setting for the care of developmentally disabled, aged, mentally ill and physically handicapped adults. This facility is equipped with door alarms at all entrances and all rooms are connected with an intercom system which allows staff to hear the residents in their rooms. All shifts are staffed with at least two staff and staff physically check all residents every 15 to 20 minutes. Activities that will be provided to all residents include weekly religious services, bingo, card games, puzzle and word games. Residents that are more physically and cognitively capable of participating in activities outside of the facility will be encouraged to do so. This facility will also be working closely with a group of volunteers from a local church seeking to provide weekly one to one interaction with each resident. It is the desire of this facility to provide the least restrictive environment possible that will maximize the social and psychological wellbeing of the residents of the facility. The goal of this organization is for the residents to be as self-sufficient as possible and for their needs to be met in a dignified and humane manner. The Program Statement also states that this facility will provide opportunities for personal growth and development of the residents through community activities and appropriate recreational activities in the

facility. This facility will also provide assistance to residents with all needs identified in the written assessment plan including toileting, hygiene, medication as well as providing meals and recreational activities.

This facility will admit residents with a variety of diagnoses requiring adult foster care services that fall within the elderly population. The licensee designee acknowledges her responsibility to fully assess a residents needs prior to admission, and to insure that a resident is compatible with the other residents in the facility prior to admitting a new resident.

The licensee designee, Zelda Secord, has the required experience and training. We Care Management LLC was formed by Zelda Secord, Dorothy Benham, and Judith Raymond who are equal members of the corporation and also serve as the board of directors. This facility is currently operating under license #AS780302501 which is issued to We Care AFC LLC. Zelda Secord, Dorothy Benham, and Judith Raymond have formed a new corporation as We Care Management LLC. All have been employees in the field of adult foster care for several years and have the necessary experience and knowledge to provide the services identified in the facility program statement.

A search of the Law Enforcement Information Network did not locate any criminal convictions recorded for the licensee designee. The licensee designee and submitted statements from a physician documenting her good health and current TB-tine negative results.

The licensee designee has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected budget that was submitted.

The supervision of residents in this small group home licensed for six residents will be the responsibility of the licensee designee 24 hours a day / 7 days a week.

The licensee designee acknowledges an understanding of the qualification requirements for the administrator, direct care staff, and volunteers providing care to residents in the facility.

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. 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 her responsibility to obtain all required documentation and signatures that are to be completed prior to the administrator, direct care staff and volunteers working directly with residents. In addition, the licensee designee acknowledges her responsibility to maintain a current employee record on file in the home for the licensee designee, administrator or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

The licensee designee acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The licensee designee has indicated her intention to achieve and maintain compliance with 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 her responsibility to obtain 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 her 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

There are currently no rule violations.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



6/1/10

Kent W Gieselman
Licensing Consultant

Date

Approved By:



6/3/10

Betsy Montgomery
Area Manager

Date