



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

April 7, 2011

Metacare Inc
423 W Dryden Rd
Metamora, MI 48455

RE: Application #: AL440306483
Metacare Inc
423 W Dryden Rd
Metamora, MI 48455

Dear Avelina Steele:

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 19 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,

Lisa Gundry, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 110
1388 W. Bristol Rd.
Flint, MI 48507
(810) 787-7033

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL440306483
Applicant Name:	Metacare, Inc.
Applicant Address:	423 W Dryden Rd Metamora, MI 48455
Applicant Telephone #:	(810) 678-3503
Administrator/Licensee Designee:	Avelina Steele
Name of Facility:	Metacare, Inc.
Facility Address:	423 W Dryden Rd Metamora, MI 48455
Facility Telephone #:	(810) 797-2727
Application Date:	12/21/2009
Capacity:	19
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

12/21/2009	Enrollment
12/29/2009	Application Incomplete Letter Sent 1326 Licensee designee and/or Administrator, corporate filing and application
01/20/2010	Contact - Document Received corporate app and 1326
01/22/2010	Inspection Report Requested - Health
01/22/2010	Inspection Report Requested - Fire
02/01/2010	Application Incomplete Letter Sent
05/05/2010	Contact - Document Received
06/07/2010	Inspection Completed-Env. Health : D
06/10/2010	Contact - Telephone call received Lapeer Co Health Inspector called with concerns regarding ownership of this facility
07/19/2010	Contact - Telephone call received TC from applicant.
10/25/2010	Contact - Telephone call received Applicant needs a new health dept. request.
11/16/2010	Inspection Completed-Env. Health: A
03/17/2011	Inspection Completed On-site
03/23/2011	Bureau of Fire Safety – Final Report Approved
03/30/2011	Inspection Completed On-site
03/30/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Metacare, Inc. home is an eleven bedroom home located at 423 W. Dryden Rd. Metamora, in Lapeer County. The home is located in a well-established neighborhood near the town of Metamora. The lot is large and nicely landscaped. The physical plant is a two story vinyl-sided structure with a finished basement. The main floor consists of a large living room, two sitting areas, a dining room, kitchen, and five resident bedrooms. The second level has six resident bedrooms and private living quarters for the licensee designee. The home has two full bathrooms on the second floor and two full bathrooms on the main floor. Each bedroom has a closet. The facility has adequate storage areas. There is a detached garage which may be used for additional storage areas. There is a driveway with adequate parking for staff and visitors.

The home is equipped with a boiler and hot water heater, which are located in the basement. Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The home is equipped with laundry facilities. 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 has a private sewer and water system. Both were inspected by the Lapeer County Health Department on November 4, 2010. The facility was determined to be in substantial compliance with all applicable rules.

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

BEDROOM #	ROOM DIMENSIONS	TOTAL SQUARE FOOTAGE	Total Beds	Resident
Upstairs 1	13'11" x 14'1"	195		2
Upstairs 2	8'4" x 13'11"	115		1
Upstairs 3	9'3" x 9'11"	92		1
Upstairs 4	7'9" x 13'11"	108		1
Upstairs 5	11'7" x 13'11"	161		2
Upstairs 6	14' x 10'	140		2
Downstairs 7	13'5" x 13'5"	180		2
Downstairs 8	23'11" x 13'7"	324		2
Downstairs 9	10'1" x 14'10"	150		2
Downstairs 10	10' x 14'10"	148		2
Downstairs 11	10'4" x 14'6"	150		2

The home has a living room area that measures 479 square feet of living area. This amount meets the requirements of this rule. There are two additional sitting areas on the west end of the house. These areas measure an additional living area of 300 square feet.

The dining room measures 261 square feet. This area is large enough to accommodate 19 residents. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were adequately furnished, clean, and met all applicable rules relating to environmental and fire safety requirements.

The home has three separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The facility was inspected and given full approval by the Bureau of Fire Safety on 03/23/2011. It is equipped with a full sprinkler system, integrated smoke alarm system and all required fire safety equipment.

The home has fire extinguishers, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.1502, R 400.14503, and R 400.14504.

Based on the above information, it is concluded that this facility can accommodate **nineteen (19)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Metacare, Inc. submitted a copy of the required documentation to the consultant. 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 19 male or female ambulatory adults whose are Aged and may be diagnosed with Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

Metacare, Inc. will ensure that the resident's transportation and medical needs are met. Metacare, Inc. has transportation available for residents to access community-based

resources and services. 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. Rule/Statutory Violations

On 12/21/2009, Metacare, Inc. submitted an application to provide foster care services to nineteen adults at 423 W. Dryden Rd. Metamora, MI.

The applicant, Metacare, Inc., which is a “Domestic Profit Corporation,” was established in Michigan, on 12/29/2009. 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.

Metacare, Inc. submitted a written statement naming Avelina Steele as the licensee designee and facility administrator. She submitted a licensing record clearance request that was completed with no LEIN convictions recorded. She also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. She 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 19-bed facility is adequate and includes a minimum of 1 staff to 15 residents per shift during waking 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 1–to-15 resident ratio.

The applicant 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 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.

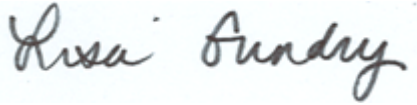
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule and 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 large group home (capacity 1-19).



4/7/2011

Lisa Gundry
Licensing Consultant

Date

Approved By:



4/7/2011

Denise Y. Nunn
Area Manager

Date