



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 26, 2011

Kim Page
G.S.M., Inc.
1345 Connell Street
Burton, MI 48529

RE: Application #: AL250312953
Greenly Square Manor
1345 Connell Street
Burton, MI 48529

Dear Ms. Page:

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 20 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 (248) 975-5053.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 110
1388 W. Bristol Rd.
Flint, MI 48507
(810) 787-7034

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250312953
Applicant Name:	G.S.M., Inc.
Applicant Address:	1345 Connell Street Burton, MI 48529
Applicant Telephone #:	(810) 743-4020
Licensee Designee:	Kim Page
Administrator:	Timothy Bertram
Name of Facility:	Greenly Square Manor
Facility Address:	1345 Connell Street Burton, MI 48529
Facility Telephone #:	(810) 743-4020
Application Date:	03/29/2011
Capacity:	20
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED ALZHEIMERS TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/29/2011	Enrollment
04/04/2011	Inspection Report Requested - Health
04/04/2011	Inspection Report Requested - Fire
04/04/2011	Contact - Document Sent Rules and Act booklets
04/04/2011	Licensing Unit file referred for criminal history review
04/29/2011	Inspection Completed-Environmental Health: A
06/08/2011	Inspection Completed- Fire Safety: A
06/23/2011	Inspection Completed On-site
06/23/2011	Inspection Completed-BCAL Full Compliance
06/23/2011	Exit Conference

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been a licensed adult foster care facility since August 1, 1994. This original license is being issued due to a change in the corporation acting as the licensee.

This facility is a single story building located in the City of Burton Michigan. This facility is located in a residential neighborhood within walking distance from several businesses and community resources.

The furnaces and hot water heaters are located in the mechanical room in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A residential sprinkler system has been installed giving full coverage to the facility.

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

- Bedroom #1 measures 175 sq. ft. and will have two resident beds.
- Bedroom #2 measures 126 sq. ft. and will have one resident bed.
- Bedroom #3 measures 87 sq. ft. and will have one resident bed.
- Bedroom #4 measures 173 sq. ft. and will have two resident beds.
- Bedroom #5 measures 177 sq. ft. and will have two resident beds.
- Bedroom #6 measures 119 sq. ft. and will have one resident bed.
- Bedroom #7 measures 130 sq. ft. and will have one resident bed.
- Bedroom #8 measures 93 sq. ft. and will have one resident bed.
- Bedroom #9 measures 98 sq. ft. and will have one resident bed.
- Bedroom #10 measures 147 sq. ft. and will have one resident bed.
- Bedroom #11 measures 80 sq. ft. and will have one resident bed.
- Bedroom #12 measures 178 sq. ft. and will have two resident beds.
- Bedroom #13 measures 204 sq. ft. and will have two resident beds.
- Bedroom #14 measures 120 sq. ft. and will have one resident bed.
- Bedroom #15 measures 121 sq. ft. and will have one resident bed.

The living, dining, and sitting room areas have adequate space to accommodate 20 residents. This facility also features three full bathrooms for resident use as well as the use of a half-bathroom for each resident bedroom. This facility has adequate laundry facilities as well as a salon for resident use. This facility has an activity room which can also be used for special events or for residents to receive visitors.

Based on the above information, it is concluded that this facility can accommodate 20 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 **20** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, physically handicapped, traumatically brain injured and Alzheimer's disease in the least restrictive environment possible. The applicant has submitted appropriate program statements to serve each of these populations. 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.

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 G.S.M. Inc., L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 9/13/1994. 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 G.S.M. Inc., L.L.C. has submitted documentation appointing Kim Page as Licensee Designee and Timothy Bertram Administrator of the facility.

A licensing record clearance request was completed with no criminal convictions recorded for the licensee designee or administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/ administrator have 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 20-bed facility is adequate and includes a minimum of 2 staff-to-20 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 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/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

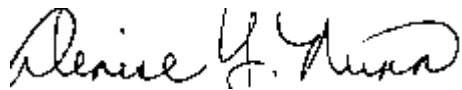


7/26/2011

Kent W Gieselman
Licensing Consultant

Date

Approved By:



7/26/2011

Denise Y. Nunn
Area Manager

Date