



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

September 15, 2011

Ann Meldrum  
Lutheran Social Services of Michigan Inc  
8131 East Jefferson Avenue  
Detroit, MI 48214-2691

RE: Application #: AS530311992  
Maplewood Home  
314 North Main Street  
Scottville, MI 49454

Dear Ms. Meldrum:

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 (231) 922-5309.

Sincerely,

Bruce A. Messer, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5470

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS530311992

**Applicant Name:** Lutheran Social Services of Michigan Inc

**Applicant Address:** 8131 East Jefferson Avenue  
Detroit, MI 48214-2691

**Applicant Telephone #:** (313) 823-7700

**Administrator/Licensee Designee:** Ann Meldrum

**Name of Facility:** Maplewood Home

**Facility Address:** 314 North Main Street  
Scottville, MI 49454

**Facility Telephone #:** (231) 233-5085

**Application Date:** 01/20/2011

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

01/20/2011	Enrollment
01/24/2011	Contact - Document Sent Rules & Act booklets
05/06/2011	Application Incomplete Letter Sent
09/06/2011	Application Complete/On-site Needed
09/06/2011	Inspection Completed On-site
09/08/2011	SC-Application Received - Original
09/08/2011	Inspection Completed-BCAL Full Compliance
09/08/2011	SC-Recommend MI and DD

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Maplewood AFC home is a large single story ranch style home located in a quiet neighborhood within the village limits of Scottville. The home has two single occupancy and two double occupancy resident bedrooms, two large full bathrooms, kitchen, dining and two living room areas for resident use. Ample recreational, shopping, social service and medical care are located within the community or the nearby city of Ludington. The home is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'9"X10'11"	172	2
2	15'9"X10'2"	160	1
3	15'9"X10'2"	160	1
4	15'9"X10'5"	164	2

The living, dining, and sitting room areas measure a total of 994 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 male or female ambulatory and/or non-ambulatory adults who are diagnosed with a mental illness, a developmental disability or a physical handicap, in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for developmentally disabled residents will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the resident's supervising agency or as written in the resident's individual plan of service.

Programs for physically handicapped residents will include will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

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 libraries, local museums, shopping centers, and local parks.

## **C. Applicant and Administrator Qualifications**

The applicant is Lutheran Social Services of Michigan, Inc., which is a " Domestic Non-Profit Corporation" established in Michigan on June 11, 1934. 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 Lutheran Social Services of Michigan, Inc. has submitted documentation appointing Ann Meldrum as Licensee Designee and Administrator of the facility.

A criminal history background check was conducted for Ms. Meldrum. She has been determined to be of good moral character. Ms. Meldrum has submitted a statement from a physician documenting her good health and current negative TB-tine results.

The applicant has provided documentation to satisfy the qualifications and training requirements for Ms. Meldrum 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 two staff for six residents per shift during awake and during sleeping hours. All staff shall be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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](http://www.miltcpartnership.org)), 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 good moral character, medical and training 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 the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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.

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 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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

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

