



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 23, 2011

Melanie Bell
Mersadies Adult Care, LLC
617 Riverview Court
Gladwin, MI 48624

RE: Application #:	AL060312454 The Horizon Senior Living IV 218 Airpark Drive Standish, MI 48658
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Dear Ms. Bell:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
Midland, MI 48640
(989) 835-7739

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL060312454
Applicant Name:	Mersadies Adult Care, LLC
Applicant Address:	617 Riverview Court Gladwin, MI 48624
Applicant Telephone #:	(989) 429-7349
Administrator/Licensee Designee:	Melanie Bell, Designee
Name of Facility:	The Horizon Senior Living IV
Facility Address:	218 Airpark Drive Standish, MI 48658
Facility Telephone #:	(989) 240-1956
Application Date:	02/22/2011
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

02/22/2011	Enrollment
02/24/2011	Contact - Document Sent Rules & Act booklets
02/24/2011	Inspection Report Requested - Health Inv. #1018437
02/24/2011	Inspection Report Requested - Fire
02/24/2011	Licensing Unit file referred for criminal history review
03/03/2011	Contact - Telephone call made To Erin confirmed receipt of file
03/03/2011	Application Incomplete Letter Sent
10/31/2011	Contact - Document Sent email to Licensee Designee informing her of the documents still needed to complete license application.
11/02/2011	Inspection Completed On-site
11/02/2011	Contact - Document Sent Forwarded the Record Clearance for Melanie Bell to Central Office.
11/16/2011	Contact – Telephone call to Melanie Bell regarding Refund Policy.
11/21/2011	Inspection Completed Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Horizon's Senior Living IV facility is located at 218 Airpark Drive, Standish, Michigan, 48658. The newly constructed ranch style facility is wood framed and vinyl sided, with a partial basement, and 10,360 square feet of living space on the main floor. The facility is completely handicap accessible. The facility is located south of M-61, on the west side of Standish. Residents of this facility will be within walking distance of the hospital and library. The municipal services include local shopping, restaurants and Region 7 Council on Aging Senior Services.

The furnace and hot water heater are located in the basement with a self-closing, 1-3/4 inch solid core door in a room 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-5	12' x 12.7	152	1/room
6-8	10' x 14.4	144	1/ room
9-20	12' x 12.7	152	1/room

The living, dining, and sitting room areas measure a total of 1,946 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 **twenty** (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 in this wheelchair accessible building, to **twenty** (20) male or female adults whose diagnosis is aged 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: Council on Aging, Visiting Nurses, and marketing advertisement.

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 Licensee will include some transportation services in the basic fee and some transportation services are described in the Resident Care Agreement as requiring an extra cost to the resident. 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 Mersadies Adult Care, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 08/25/2010. 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 Mersadies Adult Care, L.L.C. has submitted documentation appointing Melanie Bell as Licensee Designee and as the Administrator of the facility.

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

The licensee designee and administrator 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 20-bed facility is adequate and includes a minimum of 1 staff -to- 15 residents per shift. All staff shall be awake during sleeping hours. **If there are residents who require a two person assist, there will be two staff working on each shift.**

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), finger printing by Cogent Solutions, Inc., and the related documents required to be maintained in each employee’s 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.

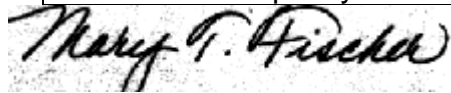
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, 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.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

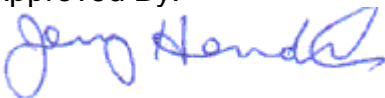
I recommend issuance of a temporary license to this adult foster care large group home with a capacity of 20 residents.



11/23/2011

Mary T. Fischer, Licensing Consultant	Date
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Approved By:



11/23/2011

Jerry Hendrick, Area Manager	Date
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