



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

January 12, 2012

Ardis Kenwabikise  
Hancock Haven Retirement Village, LLC  
3723 Long Lake Rd.  
Cheboygan, MI 49721

RE: Application #: AM160309297  
Hancock Haven Retirement Village  
3723 Long Lake Rd.  
Cheboygan, MI 49721

Dear Ms. Kenwabikise:

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 12 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,

Marcia S. Elowsky, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5472

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM160309297

**Applicant Name:** Hancock Haven Retirement Village, LLC

**Applicant Address:** 3723 Long Lake Rd.  
Cheboygan, MI 49721

**Applicant Telephone #:** (231) 625-8132

**Licensee Designee:** Ardis Kenwabikise

**Administrator:** Bonnie Hancock

**Name of Facility:** Hancock Haven Retirement Village

**Facility Address:** 3723 Long Lake Rd.  
Cheboygan, MI 49721

**Facility Telephone #:** (231) 625-2568

**Application Date:** 07/07/2010

**Capacity:** 12

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

07/07/2010	Enrollment
12/09/2010	Application Incomplete Letter Sent
08/30/2011	Inspection Completed-Env. Health : A
11/14/2011	Inspection Completed-Fire Safety : A
12/02/2011	Inspection Completed On-site
01/06/2012	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a split-level home, with an attached garage, located in a rural area approximately 10 miles south of the City of Cheboygan in the Township of Aloha.

The upper level consists of a living room, kitchen, dining area, four resident bedrooms, two full bathrooms, a half bathroom, office and outdoor deck. The lower level consists of a living room, dining area, kitchenette, four resident bedrooms, two full bathrooms and furnace room.

The facility is equipped with door alarms, and video surveillance in common areas. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On August 30, 2011, the home was inspected by the District Health Department #4 who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

On November 14, 2011, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'9" x 12'3"	205	2
2	11'3" x 10'7" and 6'8" x 4'	145	1
3	19'4" x 12'9"	246	2
4	12'5" x 13'	161	1
5	19'3" x 13'2"	253	2

6	15'6" x 11'5"	176	2
7	10'9" x 10'6"	112	1
8	13'9" x 10'5"	143	1

The living, dining, and sitting room areas measure a total of 842 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 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, Alzheimer's 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 12 male or female ambulatory adults who are aged or those diagnosed with Alzheimer's disease in the least restrictive environment possible.

Programs for the aged residents will include activities of daily living, recreational activities, community interaction, health and fitness.

Programs for those diagnosed with Alzheimer's disease will include supervised daily living and recreational activities, community interaction, health and fitness and a specialized individual care plan. Hancock Haven Retirement Village mission is to provide a safe, nurturing environment to dementia and Alzheimer's residents that allow them to preserve their dignity, positive self-worth, and enables them to feel and be productive.

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. The facility will assure the availability of transportation services.

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

The applicant is Hancock Haven Retirement Village, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 01/2007. 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 members of Hancock Haven Retirement Village, L.L.C. have submitted documentation appointing Ardis Kenwabikise as licensee designee for this facility and Bonnie Hancock as the administrator of the facility. Ms. Kenwabikise has experience with providing many years of companionship care to aged and Alzheimer's individuals. Ms. Kenwabikise was previously licensed to provide adult foster care to the

aged and residents with dementia in a family home setting from 2008-2010. Ms. Hancock has over 20 years' experience working in a nursing home, to include certified nursing assistant and administrative assistant.

A criminal history background check was conducted for the licensee designee and administrator. They have been determined to be of good moral character. The licensee designee and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant 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 12 bed facility is adequate and includes a minimum of one staff –to-12 residents per shift. 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 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 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.

**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 AFC adult medium group home (capacity 7-12).

*Marcia S. Elowsky*

01/012/12

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Marcia S. Elowsky  
Licensing Consultant

Date

Approved By:

*Betsy Montgomery*

1/12/12

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Betsy Montgomery  
Area Manager

Date