



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 26, 2012

Linda Liphard
The Fountain of Love, LLC
6133 E. Vernon Road
Rosebush, MI 48878

RE: Application #: AS370313755
The Fountain of Love
6133 E. Vernon Road
Rosebush, MI 48878

Dear Ms. Liphard:

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 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,

Ronald R. Verhelle, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 772-8474

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS370313755

Applicant Name: The Fountain of Love, LLC

Applicant Address: 6064 E. Hovey Road
Rosebush, MI 48878

Applicant Telephone #: (989) 429-2193

Administrator/Licensee Designee: Linda Liphard

Name of Facility: The Fountain of Love

Facility Address: 6133 E. Vernon Road
Rosebush, MI 48878

Facility Telephone #: (989) 433-0051

Application Date: 05/17/2011

Capacity: 6

Program Type: AGED
ALZHEIMER'S
PHYSICALLY HANDICAPPED

II. METHODOLOGY

05/17/2011	Enrollment
06/15/2011	Inspection Completed - BCAL Substantial Compliance
08/16/2011	Inspection Completed - Environmental Health: A
01/26/2012	Inspection Completed - BCAL Substantial Compliance
04/26/2012	Inspection Completed - Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property located at 6133 E. Vernon Rd., Rosebush, MI 48878, is owned by Mike and Shelly Reihl and leased by The Fountain of Love, LLC. This facility is a tri-level house and partially situated on crawl space. It contains a foyer, large living room, dining room, family room, kitchen, two full bathrooms; one each inhabited level, six private bedrooms, utility room, and two furnace rooms. The physical plant is heated with propane and fuel oil furnaces. The physical plant is cooled with central air-conditioning and is serviced by private water and sewage systems. The facility is not barrier free and wheelchair users cannot be accepted.

The Fountain of Love, LLC is equipped with two furnaces at the opposite ends of the facility, one located in the lower level and the other on the main level. Floor separation from the lower level is achieved by a 1 and $\frac{3}{4}$ inch solid hard core wood door with non-locking-against-egress door hardware and automatic closer. The furnace on the main level is enclosed in a room that is constructed of material which has a 1 hour fire resistance rating and equipped with a 1 and $\frac{3}{4}$ inch solid hard core wood door with non-locking-egress door with automatic closer.

The furnaces were inspected by CP Plumbing and Heating, Inc. on March 27, 2012, and were determined to be safe and operational.

The facility's electrical system was inspected by Standard Electrical Company on January 22, 2012, and determined to be in safe operational condition.

This facility is also equipped with an interconnected hard-wired smoke detection system with battery back up which was inspected by Central Fire Protection on February 22, 2012, and determined 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	10' 6" x 2'3" & 2'4" x 4' 9'	140.28	1
2	14' 6" x 10' 7"	153.45	1
3	10' 9" x 13' 4"	143.28	1
4	12' 4" x 13' 11"	171.58	1
5	9' 7" x 11' 10"	113.40	1
6	19' 7" x 9' 7"	187.66	1

The living room, family room, dining room, and foyer measure a total of 1070.59 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) aged residents with or without physical handicaps and residents with Alzheimer's disease. It is the licensee's responsibility not to exceed the facility's licensed capacity.

On August 16, 2011, Central Michigan District Health Department determined the Fountain of Love, LLC to be in full compliance with the *Environmental Health Rules for Adult Foster Care Small Group Homes*.

On April 26, 2012, I determined the Fountain of Love, LLC to be in full compliance with the *Fire Safety Rules for Adult Foster Care Small Group Homes*.

On April 26, 2012, I determined the Fountain of Love, LLC to be in full compliance with the *Maintenance of Premises Rules for Adult Foster Care Small Group Homes*.

Emergency medical, social, educational, and recreational services are available within the cities of Clare and Mt. Pleasant. This would include hospitals, mental health clinics, aging services, community education programs, and recreational programs.

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 Fountain of Love, LCC intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory aged adults sixty older, with or without Alzheimer's disease, 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 commissions on aging and hospitals.

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 arrange or 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 The Fountain of Love, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on April 6, 2011. 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.

June Mogg is the resident agent of The Fountain of Love, LLC, and she has designated Linda Liphard as the licensee designee and administrator of this facility.

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

Ms. Liphard 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 six bed facility is adequate and includes a minimum of one staff to six residents per shift. All staff shall be alert during sleeping hours.

Linda Liphard 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.

Linda Liphard acknowledges 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Linda Liphard 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, Ms. Liphard 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.

Linda Liphard acknowledges her 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, Ms. Liphard acknowledges her 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.

Linda Liphard acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Liphard indicated that it is her intent to achieve and maintain compliance with these requirements.

Linda Liphard 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. Ms. Liphard has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Linda Liphard acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Linda Liphard acknowledges her 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, Ms. Liphard acknowledges her 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.

Linda Liphard acknowledges her 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.

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 6).

Ronald R. Verhelle

April 26, 2012

Ronald R. Verhelle
Licensing Consultant

Date

Approved By:

Jerry Hendrick

April 26, 2012

Jerry Hendrick
Area Manager

Date