



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 13, 2012

Eli Dukes
11123 205th Avenue
Big Rapids, MI 49307

RE: Application #: AS540318155
Heights Manor
10255 Northland Drive
Big Rapids, MI 49307

Dear Mr. Dukes:

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, effective 9/6/12.

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,

Diane L Stier, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS540318155

Applicant Name: Eli Dukes

Applicant Address: 10255 Northland Drive
Big Rapids, MI 49307

Applicant Telephone #: (231) 629-1855

Administrator/Licensee Designee: Eli Dukes, Administrator

Name of Facility: Heights Manor

Facility Address: 10255 Northland Drive
Big Rapids, MI 49307

Facility Telephone #: (231) 629-1885

Application Date: 04/11/2012

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/11/2012	Enrollment
04/13/2012	Contact - Document Sent Rules & Act booklets
04/13/2012	Inspection Report Requested - Health Inv. #1020130
04/13/2012	Contact - Document Sent SOS ltr for Eli
04/16/2012	Comment app rec'd in GR/forwarded to Mel
04/25/2012	Application Incomplete Letter Sent
05/22/2012	Inspection Completed On-site Initial onsite
06/22/2012	Inspection Completed On-site
07/02/2012	Inspection Completed On-site
07/19/2012	Inspection Completed On-site
07/19/2012	Application Complete/On-site Needed
07/30/2012	Inspection Completed-BCAL Full Compliance
08/09/2012	Inspection Completed-Env. Health: A
08/17/2012	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Heights Manor is a single-story frame structure located on "old 131" a few miles south of Big Rapids, Michigan. A large paved parking area fronts the east side of the building. All community services (hospital/medical, shopping, recreation) are located in Big Rapids.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating and a rated fire door with an automatic self-closing device. 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
6 – East	10.25' x 11.5'	117.9 sq. ft.	1
5 – East	9.8' x 8.25'	80.9 sq. ft.	1
4 – South	10.8' x 10.8'	116.6 sq. ft.	1
3 – South	10.8' x 10.4'	112.3 sq. ft.	1
2 – South	10.8' x 9.6'	103.7 sq. ft.	1
1 – South	11.6' x 14.8'	171.7 sq. ft.	1*

*Although large enough for two residents, this room will be used for only one resident, since this home may have a maximum capacity of six (6) residents.

The living (18' x 11.5') and dining room (10' x 10') areas measure a total of 307 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 (6)** male or female ambulatory adults whose diagnosis is developmentally disabled 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, as needed.

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, Eli Dukes, will be the licensee and will also serve as Administrator. Mr. Dukes formerly held a license for an Adult Foster Care Family Home in Big Rapids (AF540306623) from March 2010 to February 2012.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

A licensing record clearance request was completed with no lien convictions recorded for the applicant/administrator. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative 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 6-bed facility is adequate and includes a minimum of 1 staff – to-6 residents per shift. Staff will be awake during sleeping hours if resident care and supervision needs require it. 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.

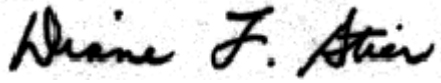
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 6).



Diane L Stier
Licensing Consultant

September 5, 2012
Date

Approved By:



Mary E Holton
Area Manager

September 6, 2012
Date