



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

January 11, 2013

Nash Manor LLC  
21086 W 638 Hwy  
Onaway, MI 49765

RE: Application #: AM710327772  
Nash Manor  
21085 W 638 Hwy  
Onaway, MI 49765

Dear Nash Manor LLC:

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 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 (517) 241-2585.

Sincerely,

Kathleen Gutierrez, Licensing Consultant  
Bureau of Children and Adult Licensing  
711 W Chisholm  
Alpena, MI 49707  
(989) 464-8723

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM710327772
<b>Applicant Name:</b>	Nash Manor LLC
<b>Applicant Address:</b>	21086 W 638 Hwy Onaway, MI 49765
<b>Applicant Telephone #:</b>	(989)619-2445
<b>Administrator/Licensee Designee:</b>	Sharleen Nash
<b>Name of Facility:</b>	Nash Manor
<b>Facility Address:</b>	21085 W 638 Hwy Onaway, MI 49765
<b>Facility Telephone #:</b>	(989) 733-8647
<b>Application Date:</b>	06/04/2012
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

## II. METHODOLOGY

06/04/2012	Enrollment
06/12/2012	Application Incomplete Letter Sent needs app signed and 1326 for Sharleen
07/18/2012	Application Incomplete Letter Sent
09/11/2012	Contact - Telephone call made Left msg. with daughter, Ginger, for Sharleen to return call regarding where she is in getting documents for licensing.
11/13/2012	Contact - Document Received received some required documents
12/17/2012	Contact - Document Received received additional documentation
01/03/2013	Contact - Telephone call made I spoke w/Sharleen Nash- discussed final documents needed, fire inspection needed. Set up tentative inspection date.
01/07/2013	Inspection Completed-Fire Safety : A
01/07/2013	Application Complete/On-site Needed
01/10/2013	Inspection Completed On-site
01/10/2013	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a wood frame one level home in a rural setting. There are 6 bedrooms with two resident bathrooms and one employee bathroom. The living room is located at the front of the facility and the kitchen/dining area is located at the back of facility. The home is wheelchair accessible and has a ramp at all 4 exits. The home has private water and sewage systems.

The home has electric heat individually controlled in each room. There is an electric water heater located in the basement that is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware at the top of the stairs.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'2"X12'6"	152.5	2
2	12'8" X12'6"	158.5	2
3	12'2" X 14'6"	176.5	2
4	12' X 15'7"	186	2
5	11'10" X15'8"	184	2
6	15'8" X15'8"	243	2

The indoor living and dining areas measure a total of 671 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

The applicant(s) intends to provide 24-hour supervision, protection and personal care to 12 male and/or female residents who are aged, physically handicapped, mentally ill, or developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Northeast Michigan CMH or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

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

The applicant is Nash Manor, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 2/29/2012. 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 Nash Manor, L.L.C. have submitted documentation appointing Sharleen Nash as licensee designee for this facility.

Criminal history background check of the applicant was completed and she was determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Sharleen Nash has worked as a direct care worker at this facility for 10 years under Fern Hitchcock, Licensee, with the same population as Nash Manor. The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 1 staff for 12 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant(s) acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) *or licensee designee* will 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 acknowledged the 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 directly with residents. In addition, the applicant (s) acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant (s) indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

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

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 12).



01/11/2013

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Kathleen Gutierrez  
Licensing Consultant

Date

Approved By:



01/11/2013

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Jerry Hendrick  
Area Manager

Date