



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

February 22, 2013

Timi Klatt
Holt Friendly Home LLC
5148 Brewer Road
Laingsburg, MI 48848

RE: Application #: AM330338480
Holt Friendly Home
1365 Eifert Road
Holt, MI 48842

Dear Ms. Klatt:

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,

Andrea Green, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5637

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM330338480
Applicant Name:	Holt Friendly Home LLC
Applicant Address:	1365 Eifert Road Holt, MI 48842
Applicant Telephone #:	(989) 666-0975
Administrator/Licensee Designee:	Timi Klatt
Name of Facility:	Holt Friendly Home
Facility Address:	1365 Eifert Road Holt, MI 48842
Facility Telephone #:	(517) 694-4667
Application Date:	12/10/2012
Capacity:	12
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/22/2012	Inspection Completed-Env. Health : A
05/14/2012	Inspection Completed-Fire Safety : A
08/24/2012	Enrollment
02/08/2013	Contact - Document Sent Rules & Act booklets
02/08/2013	Application Complete/OFS Needed
02/10/2013	Inspection Completed On-site
02/10/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style home with siding located in a rural area in the city of Holt, Michigan, in Ingham County. The facility has a driveway and adequate space for parking for staff and visitors. The facility is wheelchair accessible with ramps at the front and back entrances. The facility has common living areas, kitchen and dining area, ten resident bedrooms and three full bathrooms.

The furnace and hot water heater are located in the basement which has a 1 -3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware providing floor separation between the basement and the main level.

The facility is equipped with an interconnected, hard-wired smoke detection system, with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in all sleeping areas and kitchen and living areas. The facility is equipped with fire extinguishers which are located on each level. The facility utilizes private water supply and city sewage system.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Front of House (East)			
Bedroom # 1- S	10' X 13'3"	133	2
Bedroom # 2 SE	10'9" X 12'	130.8	2

Bedroom # 3 SW	13'7" X 10' 3"	141.11	1
Bedroom # 4 N	12' X 10'8"	129.6	1
Back of House (West)			
Bedroom # 5 NW	10' X 10'7"	107	1
Bedroom # 6 W	9'5" X 10'2"	96.9	1
Bedroom # 7 SW	10'1" X 9'2"	92.2	1
Bedroom # 8 S	9'6" X 10'	96	1
Side of House (North)			
Bedroom # 9 NE	10' X 12'7"	127	1
Bedroom # 10 NW	12'11" X 12'7"	153.79	1

The living, dining and sitting room areas measure a total of 899 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 twelve (12) residents.

B. Program Description

The facility will provide 24 hour supervision, protection and personal care for twelve (12) male or female residents. The facility will accept residents who are moderate to high functioning developmentally disabled adults; nonviolent, non-aggressive and medically manageable mentally ill adults; and aged adults who are have no wandering or combative behavior issues and who are physically ambulatory or able to assist with transferring.

The facility will ensure that only residents who are behaviorally stable and compatible are placed in a room together. The facility will provide three nutritious meals a day, snacks, laundry services, and transportation.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Holt Friendly Home, LLC which is a Domestic Limited Liability Company that was established 03/11/2009. The applicant submitted an annual budget

projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Holt Friendly Home LLC has submitted documentation appointing Timi Klatt as licensee designee and administrator for this facility. A criminal history check was completed on 09/11/2012 for Ms. Klatt and no criminal convictions were found. Ms. Klatt submitted a medical clearance documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current T.B. test was also obtained for Ms. Klatt.

Ms. Klatt provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Klatt currently operates a licensed adult foster care facility that accepts developmentally disabled, aged and mentally ill adults.

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 behavior, physical, or medical needs. The applicant has indicated that direct care staff will 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 acknowledges the requirement for obtaining criminal history checks of employees and contractors who have regular on-going contact "direct access" to residents or resident information or both.

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 or licensee designee will administer medications 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 acknowledged the responsibility to maintain all required documentation in each employee 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 acknowledged 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 scheduled for all of the documents that are required to be maintained within each resident file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2399 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 residents personal money transactions that have been agreed to be managed by the applicant.

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.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with the Quality of Care rules will be assessed during the period of temporary licensing via on-site inspections.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care medium group home with a capacity of twelve (12) residents.

Andrea L. Green

02/21/2013

Andrea Green
Licensing Consultant

Date

Approved By:

Betsy Montgomery

2/22/13

Betsy Montgomery
Area Manager

Date