



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 15, 2013

Angela Martinez
1321 Juhl Rd.
Marlette, MI 48453

RE: Application #:	AM760317941 Martinez Retirement Home 127 Lincoln Sandusky, MI 48471
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Dear Mrs. Martinez:

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) 373-2506.

Sincerely,

Susan Sells, Licensing Consultant
Bureau of Children and Adult Licensing
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM760317941
Applicant Name:	Angela Martinez
Applicant Address:	1321 Juhl Rd. Marlette, MI 48453
Applicant Telephone #:	(810) 648-2175
Administrator/Licensee Designee:	Angela Martinez
Name of Facility:	Martinez Retirement Home
Facility Address:	127 Lincoln Sandusky, MI 48471
Facility Telephone #:	(810) 648-4744
Application Date:	04/03/2012
Capacity:	12
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/03/2012	Enrollment
04/04/2012	Application Incomplete Letter Sent app items 45, 49 & 1326 Angela
04/05/2012	Inspection Report Requested - Fire Change of Ownership
05/16/2012	Lic. Unit received criminal history file from review NS conviction for Angela Martinez. 1996 Misd. Check-NSF. Continue Processing.
05/16/2012	Application Complete/On-site Needed
05/17/2012	Inspection Completed-Env. Health : A EHI inspection completed under existing license: AM760064977
05/18/2012	Comment app rec'd in GR / Forwarded file to SS
06/01/2012	Application Incomplete Letter Sent
06/01/2012	Contact - Telephone call made I spoke with the licensee and explained the application incomplete documentation that she will be receiving asking her to call me with any questions.
10/04/2012	Inspection Report Requested - Fire 2nd request
10/10/2012	Inspection Completed-BCAL Sub. Compliance
03/05/2013	Contact - Telephone call made I spoke to BFS Inspector, Cindy Redburn. She said that she has given this facility an "A" rating and will email me her report later this week
03/14/2013	Inspection Completed On-site
03/14/2013	Inspection Completed-BCAL Full Compliance
03/01/2013	Inspection Completed Fire Safety "A"
03/15/2013	Recommend license issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Martinez Retirement Home is a two-story home located at 127 Lincoln Street in the center of Sandusky, Michigan in Sanilac County. The facility is within walking distance of downtown Sandusky and is in a residential neighborhood. This home has been operating as an Adult Foster Care Home for over 20 years and is now changing ownership within the Martinez family.

The second floor of the facility is unoccupied and is considered a staff area. All of the resident bedrooms are located on the first floor of the facility. There are a total of 7 bedrooms which can accommodate twelve residents: four private rooms, two semi-private rooms, and one room which can accommodate four residents. The facility has two full bathrooms and two half-baths. There are two fully functional wheelchair ramps located at the North and South ends of the facility allowing for this home to be wheelchair accessible.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, 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	Total Square Footage	Total Resident Beds
North West	336 sq. ft.	4
South West	127 sq. ft.	1
South	203 sq. ft.	2
South East	140 sq. ft.	2
East (1)	90 sq. ft.	1
East (2)	93 sq. ft.	1
North East	109 sq. ft.	1

The living, dining, and sitting room areas measure a total of 892 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. 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 **twelve (12)** male or female ambulatory adults whose diagnosis is mentally ill, developmentally disabled, aged, Alzheimer's, or physically handicapped, 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 local agencies including Sanilac County Community Mental Health and Sanilac County Department of Human Services.

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 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 and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting her 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 12-bed facility is adequate and includes a minimum of 1- staff to-12 residents per shift. All staff shall be awake during sleeping hours.

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 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, the applicant 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.

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 her 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 her 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 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, the applicant 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.

The applicant 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care medium group home, capacity of 12.
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03/15/2013

Susan Sells Licensing Consultant	Date
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Approved By:



03/15/2013

Mary E Holton Area Manager	Date
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