



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 1, 2013

Lisa Patterson
Heavenly Homestead Adult Foster Care, LLC
2250 McClure Cemetery Rd.
Gladwin, MI 48624

RE: Application #: AL260338397
Heavenly Homestead Adult Foster Care-South
2246 McClure Cemetery Rd.
Gladwin, MI 48624

Dear Ms. Patterson:

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 20 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,

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

License #: AL260338397

Applicant Name: Heavenly Homestead Adult Foster Care, LLC

Applicant Address: 2250 McClure Cemetery Rd.
Gladwin, MI 48624

Applicant Telephone #: 734-427-4262

Administrator/Licensee Designee: Lisa Patterson

Name of Facility: Heavenly Homestead Adult Foster Care-
South

Facility Address: 2246 McClure Cemetery Rd.
Gladwin, MI 48624

Facility Telephone #: (989) 426-9712

Application Date: 01/15/2013

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
MENTALLY ILL
DEVELOPMENTAL DISABILITY

II. METHODOLOGY

01/15/2013	Enrollment
01/24/2013	Application Incomplete Letter Sent FEIN, FP&1326/Lisa.
01/24/2013	Contact - Document Sent Act & Rules.
01/31/2013	Inspection Report Requested - Health Inv.1021169.
02/11/2013	Inspection Report Requested - Fire
02/11/2013	Contact - Document Sent Fire Safety Letter.
02/11/2013	Application Complete/On-site Needed
02/11/2013	File Transferred To Field Office Lansing/Alpena
02/28/2013	Application Incomplete Letter Sent
04/10/2013	Inspection Completed-Env. Health : A
04/18/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This one story, vinyl sided facility, built in 2008, is located in a rural setting approximately 8 miles northeast of Gladwin. There are ten semi-private resident bedrooms along the outside edge of the building. The inner rooms consist of a large living room/dining room, kitchen/pantry area, game room, beautician room that is also used as the physician room, laundry room, two full handicapped accessible bathrooms, mechanical room and storage room, medication room. The hallways are seven feet wide, allowing easy access for wheelchairs. There is a separate staff/office area with a bathroom at the back of the facility off the kitchen. Ramps are located at three of the four exits.

Heavenly Homestead is heated by a propane fueled furnace and an outside wood burning furnace and cooled by a central air-conditioning system. The furnace is located in a 48-inch high crawl space separated from the rest of the facility by a 60 minute fire rated door with automatic self-closing device and positive latching hardware.

The facility utilizes private water supply and sewage disposal system. A reverse osmosis system is installed and the water is monitored monthly due to high nitrates. Gladwin Health Department Sanitarian has reported the water system is in compliance.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by Northern Fire and Safety and is fully operational. Heavenly Homestead is equipped with a sprinkler system installed by Jimco Fire and Safety. 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	13'8"x14'3"	194	2
2	14'1"x13'11"	196	2
3	14'2"x13'11"	197	2
4	13'7"x13' 11"	189	2
5	13'7"x13' 11"	189	2
6	13'8"x13' 11"	190	2
7	12'8"x14'4"	181	2
8	13'8"x14'4"	210	2
9	13'7"x14'4"	195	2
10	13'7"x14'4"	195	2

The living room, dining room and game room measure a total of 1427 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 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 20 male and/or female residents who are aged and physically handicapped, however, the applicant can accommodate residents who are also mentally ill and/or developmentally disabled providing they are compatible with the other residents. The program will include social interaction, visits from various religious organizations, recreational activities including puzzles, card and board games and transportation as outlined in the Resident Care Agreement. The applicant intends to accept referrals from Gladwin County DHS, Northern Lakes 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 public schools and library, local museums, shopping centers, local restaurants, parks, churches, community events etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Administrator Qualifications

The applicant is Heavenly Homestead Adult Foster Care, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 01/10/2013. 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 Heavenly Homestead Adult Foster Care, L.L.C. have submitted documentation appointing Lisa Patterson as licensee designee for this facility and Lisa Patterson as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant/ administrator submitted a statement from a physician documenting good health and current negative tuberculosis test results.

The applicant/administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Lisa Patterson has worked at this facility, previously known as Edna Mae’s AFC, since September 2012. Ms. Patterson worked with Home Health Care for Elderly and Hospice from 2002 to 2011. Ms Patterson also was office manager of a physician’s office for 7 years. Lisa Patterson has completed Special Certification Training through Northern Lakes CMH including classes in Recipient Rights, Abuse and Neglect, Reporting Requirements, Complaint and Appeal Process and Person Centered Planning. Lisa Patterson has taken additional courses in First Aid, CPR, AFC Management, UTI Treatment, Rebound to Balance, Medication Administration, Preventing Fire Hazard and Nutrition.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 2 staff for 20 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 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 acknowledge 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) 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 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 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 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 indicated the intent to respect and safeguard these resident rights.

