



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 3, 2013

Joyce Sihotang
Loving Care Foster Homes, LLC
8228 Kephart Lane
Berrien Springs, MI 49103

RE: Application #: AM110315886
Country Home
3611 E. Snow Road
Berrien Springs, MI 49103

Dear Mrs. Sihotang:

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 11 is issued effective May 3, 2013.

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 (616) 356-0100.

Sincerely,

Karen Hodge, Licensing Consultant
Bureau of Children and Adult Licensing
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM110315886

Applicant Name: Loving Care Foster Homes, LLC

Applicant Address: 4509 Timberland Drive
Berrien Springs, MI 49103

Applicant Telephone #: (269) 473-2700

Administrator/Licensee Designee: Joyce Sihotang, Designee

Name of Facility: Country Home

Facility Address: 3611 E. Snow Road
Berrien Springs, MI 49103

Facility Telephone #: (269) 471-2125

Application Date: 10/31/2011

Capacity: 11

Program Type: MENTALLY ILL
AGED
ALZHEIMERS
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

10/31/2011	Enrollment
11/01/2011	Contact - Document Sent Rules & Act booklets
11/01/2011	Inspection Report Requested - Health Inv. #1019423
11/01/2011	Inspection Report Requested - Fire
11/01/2011	Application Incomplete Letter Sent App - ages, rec cl for Joyce
11/14/2011	Contact - Document Received App - ages, rec cl for Joyce
11/14/2011	Application Complete/On-site Needed
12/05/2011	Inspection Completed-Env. Health : A
01/10/2012	Application Incomplete Letter Sent
04/17/2013	Inspection Completed-Fire Safety : A
05/03/2013	License Issued

The property is owned by Sihotang Properties, L.L.C., and leased to Loving Care Foster Homes, Inc. to provide licensed foster care to eleven (11) adults. The home has private, well water and a septic system which has been approved by the Berrien County Health Department. The home has weekly municipal trash service. There are three approved fire exits. The home is wheelchair accessible with two approved ramps from separate exits. There are eight resident bedrooms for single or double occupancy and two full bathrooms. In addition, one bedroom has a full bathroom within. The home has a fully equipped kitchen, a dining area which is ample for seating all residents at once and an amply furnished living room/common area. There are private quarters for live-in staff in the finished lower level. The home will be staffed by one staff on-duty for 11 residents, with the licensee adding additional staff as needed to meet resident care needs.

The facility is equipped with hard-wired, interconnected smoke-alarms with battery back-up and an approved pull station alarm system which have been fully inspected and approved. The home has been continuously licensed since 1987, and therefore sprinkling is not required. The gas furnace and a gas water heater are contained in the lower level in a fully-enclosed, fully-stopped enclosure. The home has been inspected and fully approved by the Michigan Bureau of Fire Services. 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' X 17'	204	2
2	12' X 13'	156	2
3	10' X 13'	130	1
4	10' X 8'	80	1
5	12' X 9'	108	1
6	16' X 8'	128	1
7	15' X 16'	240	2
8	11' X 10'	110	1

The living room dining room combination provides a total of 426 square feet of living space. This meets the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate eleven (11) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

A. 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 eleven (11) male and female adults, 18-years old and up, who are aged, physically handicapped, developmentally disabled, mentally impaired, or who have Alzheimer's disease in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and activities of daily living. The applicant intends to accept private pay individuals and will utilize Area Agency on Aging, the local hospital, and other medical and social services agencies as referral sources.

The licensee will assist in arranging community transportation services 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.

The owners/licensee designee, Stanley and Joyce Sihotang, are licensed registered nurses. The live-in staff of Country Home has experience serving the population in the home. The facility will utilize physicians who come to the home for exams and medical appointments as much as possible, or residents may choose their own physicians and other medical providers.

C. Applicant and Administrator Qualifications

The applicant is Loving Care Foster Homes, LLC, which is a “Domestic Limited Liability Company”, which was established in Michigan, on 03/17/2011. 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 Loving Care Foster Homes, L.L.C. have submitted documentation appointing Joyce Sihotang as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current negative TB test results.

The licensee designee/ administrator, Joyce Sihotang, 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 eleven-bed facility is adequate and includes a minimum of one staff to eleven residents during waking hours. There will be one person on-duty (awake) during sleeping hours. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. Loving Care Foster Homes, L.L.C. owns and operates three local foster homes, and staff can be assigned to different homes as needed.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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) and the related documents required to be maintained in each employee’s 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 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 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.

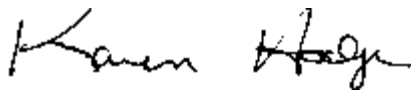
The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their

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

III. RECOMMENDATION

I recommend issuance of a six-month, temporary license for this Adult Foster Care medium group home. (capacity 11)



05/03/2013

Karen Hodge
Licensing Consultant

Date

Approved By:



05/03/2013

Jerry Hendrick
Area Manager

Date