



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

February 20, 2013

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

RE: Application #: AL110315890
Harvest Home
625 St. Joseph Avenue
Berrien Springs, MI 49103

Dear Ms. 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 20 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 (616) 356-0100.

Sincerely,

Karen Hodge, Licensing Consultant
Bureau of Children and Adult Licensing
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 #: AL110315890

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: Harvest Home

Facility Address: 625 St. Joseph Avenue
Berrien Springs, MI 49103

Facility Telephone #: (269) 473-2700

Application Date: 10/31/2011

Capacity: 20

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
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
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
01/10/2012	Application Incomplete Letter Sent
08/29/2012	Inspection Completed-Env. Health : A
02/07/2013	Inspection Completed-BCAL Full Compliance
02/15/2013	Inspection Completed-Fire Safety : A
02/21/2013	Original License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Harvest Home is a two-story wood frame home located in the village of Berrien Springs. The home is situated on the main road, which is a five-lane street, surrounded by mixed residential and commercial use. The village has sidewalks and public transportation for resident use. The public library, shopping, schools, restaurants and a private university are within close proximity. The upper level of the home will be utilized for live-in staff and office space, and will not be utilized by residents. There are two basement areas which are for storage, utility service and the heating plant. There are two separate areas and these will not be accessible to residents and will be minimally utilized by staff. There are 15 resident bedrooms located on the main level, five designed for double occupancy (although six are large enough for two residents). There are four full bathrooms with either a shower or tub, and one half-bath all for shared resident use. Bathrooms are suitably equipped for assisted bathing and personal care. The living room is at the front entrance to the home, facing the northeast and is large and amply furnished. In addition, there are two separate sitting areas in the home for smaller gatherings. There is a designated dining room in the home which is large enough for all residents to be seated together. This area is also available for other uses during non-meal times. There is a fully equipped kitchen central to the home and there is a small area in the dining room with cabinets, counter-top and sink for additional food preparation or serving. The home is wheelchair accessible and has 2 approved ramps exiting from the first floor, both exiting the north side of the home. The home also has a well-tended lawn and garden, and a large porch for outdoor enjoyment. The home will utilize public water and sewer systems and private contracted trash service.

The gas-fired furnace is 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 the top of the stairs. The facility is equipped with interconnected smoke-alarms and an approved pull station alarm system. The home has been continuously licensed since 1987, and therefore sprinkling is not required. The home has been fully approved by 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
Rm. 112	14' X 11"	154	1
Rm. 110	12' X 14'	168	2
Rm. 103	10' X 16'	160	2
Rm. 104	17' X 10'	170	2
Rm. 105	11' X 9'	99	1
Rm. 129	10' X 10'	100	1

Rm. 130	10' X 10'	100	1
Rm. 115	10' X 16'	160	2
Rm. 128	10' X 10'	100	1
Rm. 123	10' X 10'	100	1
Rm. 118	10' X 16'	160	2
Rm. 122	10' X 10'	100	1
Rm. 121	10' X 10'	100	1
Rm. 120	10' X 10'	100	1
Rm. 119	10' X 8'	80	1

The living, dining, and sitting room areas measure a total of 900 square feet of living space. The conversation nook is not included in this measurement, but adds additional, useable living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** residents and additional occupants. The licensee designee has stated the intention of having one live-in staff person at this time. 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 **twenty (20)** male and female adults who are aged, physically handicapped, developmentally disabled, mentally impaired, or who have Alzheimer's in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. 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 manager of Harvest Home has nursing training and 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 twenty-bed facility is adequate and includes a minimum of two staff to twenty residents during waking hours, and an additional cook from 7am-3pm. 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.

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.

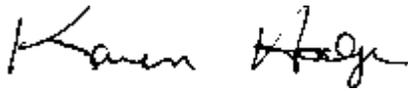
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

III. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home (capacity 20).



02/20/2013

Karen Hodge
Licensing Consultant

Date

Approved By:



02/20/2013

Jerry Hendrick
Area Manager

Date