



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

July 1, 2013

Donald Schuster
Crisis Center Inc - DBA Listening Ear
PO Box 800
Mt Pleasant, MI 48804-0800

RE: Application #: AS050337198
Kresnak
644 Kresnak Road
Mancelona, MI 49659

Dear Mr. Schuster:

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 4 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,

Marcia S. Elowsky, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4924

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS050337198
Applicant Name:	Crisis Center Inc - DBA Listening Ear
Applicant Address:	107 East Illinois Mt Pleasant, MI 48858
Applicant Telephone #:	(989) 773-6904
Licensee Designee:	Donald Schuster
Administrator:	Karen Elkins
Name of Facility:	Kresnak
Facility Address:	644 Kresnak Road Mancelona, MI 49659
Facility Telephone #:	(231) 587-8055
Application Date:	10/16/2012
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/16/2012	Enrollment
10/22/2012	Application Incomplete Letter Sent
10/24/2012	Inspection Completed-Env. Health: A
03/08/2013	Inspection Completed On-site
04/09/2013	Application Incomplete Letter Sent
06/24/2013	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in a rural area several miles west of Mancelona. The facility is a ranch style home with an attached garage. The main floor consists of a foyer, living room, dining room, kitchen, three resident bedrooms, laundry room, two full bathrooms and one half bathroom. The basement has a recreation room, office, one resident bedroom, full bathroom and an enclosed heat plant.

The facility has public water and private septic system. An environmental health inspection was conducted on October 24, 2012. The Sanitarian determined the facility to be in substantial compliance with applicable rules.

The furnace and hot water heater, fueled by propane gas, are located in a heat plant room in the basement, which is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired 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 #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'5" x 17'	211	1
2	10'8" x 15'10"	168	1
3	12'6" x 12'	150	1
4	14'5" x 25'	360	1

The living room, dining room and recreation room measure a total of 1190 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 4 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 4 residents who are developmentally disabled and/or mentally ill. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation.

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, churches and entertainment events. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Crisis Center, Inc., a "Non Profit Corporation", established in Michigan 10/01/1971. 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 Board of Directors of Crisis Center, Inc. has submitted documentation appointing Donald Schuster as licensee designee for this facility and Karen Elkins 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 and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Schuster received a Master of Social Work Administration from the University of Michigan in 1978. He has been the Executive Director of Listening Ear Crisis Center since 1979. Ms. Elkins is the Director of Residential Services with Listening Ear Crisis Center for the past 14 years and she is a registered nurse.

The staffing pattern for the original license of this 4 bed facility is adequate and includes a minimum of 1 staff to 4 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 *(or will not)* 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 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.

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.

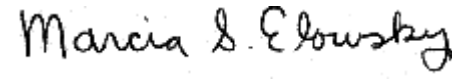
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-4).

 06/25/13

Marcia S. Elowsky Date
Licensing Consultant

Approved By:

 06/25/13

Betsy Montgomery Date
Area Manager