



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 6, 2013

Lela Shank
Country House Care, L.L.C.
1395 Seneca Street
Adrian, MI 49221

RE: Application #: AL460342573
Country House Care
3339 Parr Highway
Adrian, MI 49221

Dear Ms. Shank:

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 15 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 (313) 456-0380.

Sincerely,

Dennis R Kaufman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 3013
1040 S. Winter
Adrian, MI 49221
(517) 260-3583

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL460342573

Applicant Name: Country House Care, L.L.C.

Applicant Address: 1395 Seneca Street
Adrian, MI 49221

Applicant Telephone #: (517) 436-3397

Administrator/Licensee Designee: Lela Shank, Designee

Name of Facility: Country House Care

Facility Address: 3339 Parr Highway
Adrian, MI 49221

Facility Telephone #: (517) 264-9520

Application Date: 05/30/2013

Capacity: 15

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/08/2013 Inspection Completed-Fire Safety : A
OFS inspection for this facility on this date received an A rating.

05/30/2013 Enrollment

06/03/2013 Contact - Document Sent
Rules & Act booklets

06/17/2013 Inspection Report Requested - Health
Inv. #1021734

07/09/2013 Application Incomplete Letter Sent

07/22/2013 Inspection Report Requested - Health
PH inspection requested previously was not correct as it only
requested a water test.

07/23/2013 Inspection Completed-Environmental Health Inspection Report: D
Rating due to water supply.
Mailed copy of environmental report to applicant.

08/01/2013 Inspection Report Requested - Health

08/20/2013 Inspection Completed-Environmental Health Inspection. Health
Report: D Rating due to water supply.
2nd water test failed, applicant had water service come back to
rework the well.

08/20/2013 Inspection Report Requested - Health

08/21/2013 Inspection Completed-Environmental Health Inspection Report: A
Rating.

08/27/2013 Inspection Completed On-site
Physical plant review and policy review with applicant.

09/03/2013 Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is currently licensed as a large group home facility (#AL460007213) and has been licensed since 5/1/93 to Ms. Bonnie Murphy. The applicant will be leasing the property from Ms. Murphy and has supplied required documentation noting the lease arrangement.

This is a very large, two-story facility located on a 4 acre country lot in Palmyra Township on a paved road immediately east of the City of Adrian. The facility has a basement where the furnaces and hot water heater is located. The first floor consists of a staff apartment, a kitchen and dining areas for residents, one full bathroom, one resident bedroom, and a large living room. Exit doors from the first floor are located on the east and north side of the facility. The facility is not approved for wheelchair residents. The upstairs consists of a full bathroom, 4 resident bedrooms, and a resident activity area.

The facility utilizes a private water and sewage disposal system. The Lenawee County Public Health Department issued a full A rating for the facility on 8/21/13.

There are two natural gas forced air furnaces located in the basement along with the water heater. The entry door to the basement is located next to the resident living room on the first floor, this entry door is equipped with an approved fire rated door and self-closure device.

The facility is equipped with interconnected, hardwired smoke detection system which is fully functional. The facility has had on-going annual inspections by the State Bureau of Fire Services, the last inspection of the facility took place on 1/8/13 receiving an "A rating." Therefore, 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 Sq. Footage	Total Resident Beds
Lower, N.W. BR	12'6" x 17'	212.5 sq. ft.	3 residents
Upper, N.W. BR	12' 5" x 17' 5"	216 sq. ft.	3 residents
Upper, N.E. BR	12' 8" x 24' 6"	312 sq. ft.	4 residents
Upper, S.W. BR	13' x 21' 6"	280 sq. ft.	4 residents
Upper, W BR	8' 4" x 11' 6"	96 sq. ft.	1 resident

The facility is currently at capacity with 15 residents. For those residents currently residing in the multi-occupancy bedrooms illustrated above, the applicant has obtained permission from the resident and/or representative to remain in the multi-occupancy bedroom as per Rule 400.15409(6) (a).

The indoor living and dining areas measure a total of 643 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the above information, this facility can accommodate 15 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 15 residents, both male and female who are 18 years of age or older and who are aged, developmentally disabled, mentally ill, or physically handicapped. The program will include social interaction, training to develop personal hygiene, opportunity for involvement in educational or day programs, or employment and transportation. The application intends to accept referrals from the Department of Human Services, Community Mental Health, or residents with private sources of payment.

If needed by residents, behavioral 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 available local community resources for recreational activities to enhance the quality of life of residents.

C. Applicant and Administrative Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

The applicant is Country House Care, LLC, a "Domestic Limited Liability Company", established in Michigan on 6/3/13. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The Articles of Organization identify Lela Shank as the resident agent and Ms. Shank is the sole member of the LLC.

Criminal history background checks of the Ms. Shank was completed and determined to be of good moral character to provide licensed adult foster care. Ms. Shank submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Shank has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Shank has 17 years of work experience in various adult foster care facilities, working various positions during this time period. Most recently, Ms. Shank was the credentialed administrator for Country House Care Home, license #AL460007213.

The staffing pattern for the original license of this 15 bed facility is adequate and includes a minimum of one staff for 15 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 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 acknowledged 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 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 acknowledged 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 facility 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.

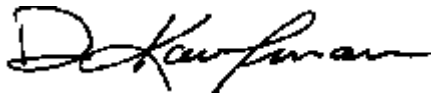
The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 15 residents).



9/6/13

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



9/6/13

Ardra Hunter
Area Manager

Date