



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 24, 2014

Patricia Matuszewski
Red Oaks AFC, FSM, LLC
Suite B
863 N. Pine Road
Essexville, MI 48732

RE: Application #: AM090358418
Red Oaks AFC, FSM, LLC
3597 Wheeler Road
Bay City, MI 48706

Dear Ms. Matuszewski:

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 10 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) 284-9720.

Sincerely,

Ronald R. Verhelle, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM090358418

Applicant Name: Red Oaks AFC, FSM, LLC

Applicant Address: Suite B
863 N. Pine Road
Essexville, MI 48732

Applicant Telephone #: (989) 295-8756

**Administrator and Licensee
Designee:** Patricia Matuszewski

Name of Facility: Red Oaks AFC, FSM, LLC

Facility Address: 3597 Wheeler Road
Bay City, MI 48706

Facility Telephone #: (989) 686-5173

Application Date: 02/20/2014

Capacity: 10

Program Type: AGED
ALZHEIMER'S

II. METHODOLOGY

09/23/2013	Inspection Completed-Environmental Health : A
02/20/2014	Enrollment - Central Office
04/03/2014	Contact - Field File Received
04/10/2014	Inspection Completed - Onsite
04/10/2014	Inspection Completed-Fire Safety : A
04/10/2014	Inspection Completed-BCAL Full Compliance
04/18/2014	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This upscale facility is located north of Bay City in a semi-rural residential setting. This single-story home has six resident bedrooms; three on each side of the home, with living rooms (164 sq. ft. and 298 sq. ft.), dining area (168) sq. ft.), and kitchen in the center of the facility. There are two full bathrooms and two half-bathrooms. The facility has a full basement with an egress window. The bedrooms measure 11' x 14' (154 sq. ft.) 2 private bedrooms and 4 semi-private bedrooms yielding a total capacity of 10 residents. A two car garage is attached to the rear of the east end of the facility.

This facility was previously licensed to Red Oaks AFC, LLC and local zoning approval is on file, as is proof of ownership by Red Oaks Adult Foster Care, FSM, Properties, LLC and lease to Red Oaks FSM, LLC. The facility has city sewer and water. An environmental health inspection was conducted by the local sanitarian on September 23, 2013, and the facility received full approval. A furnace inspection was completed on November 22, 2013, and determined operational and safe. The facility is equipped with an interconnected smoke detection and fire suppression (sprinkler) systems which were inspected on April 9, 2014, and determined operational. Full fire safety approval was granted on April 10, 2014, by the Bureau of Fire Safety. The facility has two exits and is wheel chair accessible.

The furnace and hot water heater are 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 stairs. The floor separation is smoke tight.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
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1	11' x 14'	154	2
2	11' x 14'	154	2
3	11' x 14'	154	2
4	11' x 14'	154	1
5	11' x 14'	154	1
6	11' x 14'	154	2

The living, dining, and sitting room areas measure a total of 630 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate ten residents. 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 ten male or female adults whose diagnosis is aged (60 and up) and/ or Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from clinics and hospitals, medical care facilities, commissions on aging, waiver programs and the general public.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will arrange or provide all transportation 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.

C. Applicant and Administrator Qualifications

The applicant is, Red Oaks AFC, FSM, LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on January 23, 2014. 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 Red Oaks AFC, FSM, LLC has submitted documentation appointing Patricia Matuszewski as licensee designee and administrator of the facility. A licensing record clearance request was completed with no lein convictions recorded for Patricia Matuszewski, licensee designee and administrator. Patricia Matuszewski

submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Patricia Matuszewski 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 10-bed facility is adequate and includes a minimum of one and two staff during peak hours to ten residents per shift. All staff shall be awake during sleeping hours.

Red Oaks AFC, FSM, LLC acknowledges an understanding of the training and qualification 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.

Red Oaks AFC, FSM, LLC acknowledges 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.

Red Oaks AFC, FSM, LLC 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, this 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.

Red Oaks AFC, FSM, LLC acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, this applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

Red Oaks AFC, FSM, LLC acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. This applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

Red Oaks AFC, FSM, LLC 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. This 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.

Red Oaks AFC, FSM, LLC acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Red Oaks AFC, FSM, LLC acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, this applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

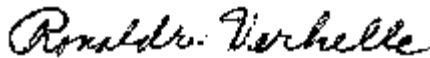
Red Oaks AFC, FSM, LLC acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care medium group home (capacity 10).

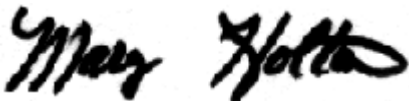


April 18, 2014

Ronald R. Verhelle
Licensing Consultant

Date

Approved By:



April 24, 2014

Mary E. Holton
Area Manager

Date