



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 5, 2014

Jamie Osburn
Maple Ridge Farms Assisted Living, LLC
11828 Dublin Circle
Jerome, MI 49249

RE: Application #: AL300352081
Maple Ridge Farms Assisted Living
14831 Beecher Road
Hudson, MI 49247

Dear Ms. Osburn:

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 #: AL300352081

Applicant Name: Maple Ridge Farms Assisted Living, LLC

Applicant Address: 14831 Beecher Road
Hudson, MI 49247

Applicant Telephone #: (517) 740-6688

Administrator/Licensee Designee: George Osburn, Administrator
Jamie Osburn, Designee

Name of Facility: Maple Ridge Farms Assisted Living

Facility Address: 14831 Beecher Road
Hudson, MI 49247

Facility Telephone #: (517) 448-7323

Application Date: 10/18/2013

Capacity: 15

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

II. METHODOLOGY

10/18/2013	Enrollment
11/18/2013	Contact - Document Sent Rules & Act booklets
11/18/2013	Inspection Report Requested - Health
11/18/2013	Inspection Report Requested - Fire
11/22/2013	Application Incomplete Letter Sent
12/17/2013	Inspection Completed-Environmental. Health : A
01/27/2014	Contact - Document Received Received via email some documents requested via the 11/22/13 incomplete application letter.
02/28/2014	Application Complete/On-site Needed
02/28/2014	Inspection Completed-BCAL Sub. Compliance
02/28/2014	Inspection Completed On-site
03/06/2014	Contact - Face to Face Conducted follow-up inspection, reviewed PA 218 and rulebook.
04/23/2014	Inspection Completed-Fire Safety : A
04/29/2014	Inspection Completed On-site
04/30/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a large two story facility with a full basement located on 5 acres in the country on a paved road immediately off US127. This facility has been licensed as a large adult foster care facility for approximately 20 years and is currently licensed to Kison's Country Home, Inc. #AL300083141. The facility is not wheelchair ramped and therefore will not serve residents with impaired mobility. The basement has 3 furnaces and one hot water heater; all utilizing propane gas as its fuel source. The basement will not be used for any resident activity and the door to the basement is equipped with an approved 1-3/4 inch solid core door with automatic self-closing device and positive latching hardware.

The facility has been inspected by the Bureau of Fire Services and on 4/23/14 has been determined to be in compliance with the applicable fire safety administrative rules.

The facility has received an environmental health inspection by the Hillsdale County Public Health Department on 12/17/13 and has been granted full approval.

Resident space in the facility will be on the first and second floors. The facility, via its current license has several resident bedrooms on the first and second floor approved for multi-occupancy use. Since the license for this facility remains in continuous effect, these multiuse bedrooms will be extended to this licensee. The first floor has a large living and dining room, kitchen, one full bathroom, one half bathroom, laundry room, and 5 bedrooms. One bedroom on the ground floor is currently approved to house 3 residents. The second floor has one full bathroom, 3 resident bedrooms, a large sitting room and one room currently being used for storage which could be used as a bedroom if needed. The three bedrooms upstairs are currently approved for 3 beds each.

The resident bedroom locations and dimensions are as follows:

First Floor- BR#	Room Dimensions	Total Sq. Footage	Total Beds
#1-East BR	7' 9" x 15' 6"	120 sq. ft.	1
#2-S. E. BR	17' 7" & 11' x 5'	174 sq. ft.	2
#3-S. W. BR	17' x 9' 1"	154 sq. ft.	2
#4-W. BR	15' x 3" x 13'	195 sq. ft.	2
#5-N.W. BR	18'1" x 11' 9"	212 sq. ft.	3
Second Floor- BR#			
#1-N.W. BR	17'10" x 15' 4"	273 sq. ft.	3
#2-N.E. BR	15' 10" x 15' 8"	248 sq. ft.	3
#3-E. BR	15' 9" x 14' 3"	224 sq. ft.	3

Resident activity space on the first floor consists of a large dining and living room area that equals 651 sq. feet. The activity room that is located on the second floor equals 149 sq. feet. Therefore, the available resident activity space in this facility exceeds the requirements of 525 square feet for 15 residents.

Based on the above information, this facility can accommodate the licensee's request to serve 15 residents. It is the licensee's responsibility not to exceed the facility's capacity of 15 residents or 8 residents per floor (due to bathroom availability per floor).

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 15 male and female residents who are aged, mentally ill, developmentally disabled, traumatically brain injured, or who have Alzheimer's disease or related conditions. The training will include activities to improve social interaction, personal hygiene skills, community integration skills, and opportunities for involvement in day program/employment through Key Opportunities in Hillsdale. The applicant will accept referrals from the Department of Human Services, Community Mental Health, Department of Aging, and residents with private sources of payment.

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 process.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the Hillsdale Intermediate School District, the local library and churches and community outings. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Maple Ridge Farms Assisted Living, LLC, a "Domestic Liability Company" established in Michigan on 10/01/2013. 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 Maple Ridge Farms Assisted Living, LLC have submitted documentation appointing Jamie Osburn as the licensee designee and George Osburn as the facility administrator.

Criminal history background checks of Jamie Osburn and George Osburn were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Osburn and Mr. Osburn have submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Osburn and Mr. Osburn have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Osburn is a registered nurse with approximately 10 years clinical work experience. Currently, Ms. Osburn is a Clinical Nurse Supervisor with the Allegiance Hospice Home located in Jackson. Mr. Osburn is a licensed practical nurse and has worked since 2006 as an

LPN at the Chelsea Retirement Community (AH300083141) where he became Director of Nursing for Assisted Living and then was credentialed as a Home for the Aged Administrator. Ms. Osburn and Mr. Osburn's education and work experience exceeds the requirements for licensee designee and facility administrator respectively.

The staffing pattern for the original license of this 15 bed facility is adequate and includes a minimum of 1 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 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 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 acknowledges 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 I BCAL 2318 and 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 acknowledges 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 acknowledges the facility is not approved for wheelchair use and therefore, residents requiring the use of wheelchairs for ambulation may not be served in this facility.

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 large group home (capacity 15).



4/30/14

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



5/5/14

Ardra Hunter
Area Manager

Date