



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 3, 2014

Victor Holland
Sunshine House of Watervliet, LLC
4556 County Line Road
Watervliet, MI 49098

RE: Application #: AS110344109
Sunshine House Watervliet
4556 N. County Line Road
Watervliet, MI 49098

Dear Mr. Holland:

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 5 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
401 Eighth Street
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 #: AS110344109

Applicant Name: Sunshine House of Watervliet, LLC

Applicant Address: 4556 Countyline Road
Watervliet, MI 49098

Applicant Telephone #: (269) 463-4430

Administrator/Licensee Designee: Victor Holland, Administrator
Victor Holland, Designee

Name of Facility: Sunshine House Watervliet

Facility Address: 4556 N. County Line Road
Watervliet, MI 49098

Facility Telephone #: (269) 463-4430

Application Date: 07/10/2013

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

07/10/2013	Enrollment
07/12/2013	PSOR on Address Completed
07/12/2013	Contact - Document Sent Rules & Act booklets
07/12/2013	Inspection Report Requested - Health Inv. #1021841
07/12/2013	Application Incomplete Letter Sent Rec cl's & FP's for Victor & Eunice
07/12/2013	Application Incomplete Letter Sent Rec cl for Eunice
07/22/2013	Inspection Completed-Env. Health : B
11/06/2013	Comment FP's for Victor
11/18/2013	Contact - Document Received Rec cl for Victor
11/22/2013	Application Complete/On-site Needed
01/30/2014	Application Incomplete Letter Sent
02/11/2014	Inspection Completed On-Site
02/27/2014	Inspection Completed – BCAL Full Compliance
04/03/2014	License Issued

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Sunshine House is a two-story wood frame home. The lower level is the licensed area for residents and contains three bedrooms for double occupancy, a full bathroom, a fully-equipped kitchen, and open combined dining and living area. There is also a medication room and staff office. The upstairs of the home is the private living quarters for the owner, Eunice Holland and her husband Edgar Holland. Mrs. Holland is also a partial owner of the business and an officer in the corporation, Sunshine House of Watervliet LLC. The upper level is accessed from a covered stairwell on the outside of the structure. Mrs. Holland was previously the licensee and provided direct care services when the home was licensed to her as an individual applicant. One resident

bedroom is located off the living area in the north-west corner of the home and is large enough for two residents. There are two resident bedrooms to the north of the kitchen; one in the north-west corner for two residents and one in the north-east corner for one resident. The home has space to accommodate five residents. There is no basement. The home is not wheelchair accessible. There are two approved means of egress; one from the living room and the other from the dining area. The home has private well water and a private septic system. The water and septic system have been approved by the Berrien County Health Department. The Licensee has agreed to have the water tested two times per year and the septic system pumped two times per year to maintain compliance.

The gas, forced-air furnace is on the first floor in a fully enclosed furnace room with outside air intake. The electric water heater is in an enclosed storage room and is equipped with a pressure relief valve. 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. Smoke alarms are installed in the living area, near bedroom 1 and in the hall between rooms 2 and 3. In addition, the home has battery-operated smoke alarms in each bedroom.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'6" X 14'6"	181.25	2
2	12'6" X 10'5"	130.25	2
3	7'8" X 12'6" + 3' X 6' +3.5' X 2.4	121.4	1

The living, dining, and sitting room areas measure a total of 447 square feet of 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 five (5) 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 five (5) male ambulatory adults whose diagnosis is developmentally disabled or mentally ill, 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. The applicant intends to accept residents from Van Buren, Allegan and Berrien County CMH with a special certification contract. 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 provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment and activities. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks and other recreational activities.

C. Applicant and Administrator Qualifications

The applicant is Sunshine House Of Watervliet, LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on March 26, 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 Sunshine House of Watervliet, LLC have submitted documentation appointing Victor Holland as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted evidence documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 five-bed facility is adequate and includes a minimum of two staff-to-five residents per daytime shift, 9am to 9pm and one awake staff to five residents 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 for direct care staff and volunteers 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.

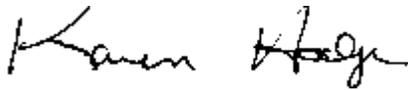
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

DI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 5).



04/03/2014

Karen Hodge
Licensing Consultant

Date

Approved By:



04/03/2014

Jerry Hendrick
Area Manager

Date