



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

June 27, 2014

Heritage Haus LLC
Chryle Land
P.O. Box 253
Bellaire, MI 49615

RE: Application #: AM050339409
Heritage Haus
3230 S. M-88 Hwy
Bellaire, MI 49615

Dear Ms. Land:

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 12 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,

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 #:	AM050339409
Applicant Name:	Heritage Haus LLC
Applicant Address:	3230 S. M-88 Hwy Bellaire, MI 49615
Applicant Telephone #:	(231) 533-6869
Administrator/Licensee Designee:	Chryle Land
Name of Facility:	Heritage Haus
Facility Address:	3230 S. M-88 Hwy Bellaire, MI 49615
Facility Telephone #:	(231) 533-6869
Application Date:	04/03/2013
Capacity:	12
Program Type:	AGED

II. METHODOLOGY

04/03/2013	Enrollment
04/10/2013	Application Incomplete Letter Sent
08/06/2013	Application Incomplete Letter Sent
03/19/2014	Inspection Completed On-site
05/30/2014	Inspection Completed On-site
06/09/2014	Inspection Completed-Env. Health: A
06/26/2014	Inspection Completed-Fire Safety: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story building with a covered front porch, a patio and an attached garage at the rear of the building. The facility is located approximately one mile north of Bellaire on M-88.

This facility consists of a foyer, great room and dining area, family room, kitchen, dining room, sun room, 3 sitting areas, 8 resident bedrooms with half-bathroom, 2 other resident bedrooms, spa bathroom, 1 full bathroom, 1 half-bathroom, office area, utility/exercise room, and a mechanical room. The facility is wheelchair accessible and has 4 approved means of egress at street level.

The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

The facility utilizes public water supply and sewage disposal system. On 06/09/14 the home was inspected by the Health Department of Northwest Michigan who determined that the home is in substantial compliance with applicable rules pertaining to environmental health.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-2	10' x 11'	110	1 each
3-8	12' x 12'	144	1 each
9	16'10" x 13'6" 7'10" x 5'6"	270	2
10	21' x 12'6"	262	2

The indoor living and dining areas measure a total of 1905 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 12 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 12 male and female ambulatory adults who are aged. The program for the residents will include activities of daily living, personal adjustment, social interaction, health, fitness, recreational activities and community interaction.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for shopping, recreational activities and events, health and medical, churches and restaurants.

C. Applicant and Administrator Qualifications

The applicant is Heritage Haus, L.L.C., a "Domestic Limited Liability Company", established in Michigan on September 29, 2009. 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 Heritage Haus, L.L.C. have submitted documentation appointing Chryle Land as licensee designee for this facility and the administrator of the facility.

A criminal history background check was completed and Ms. Land was determined to be of good moral character to provide licensed adult foster care. Ms. Land submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Land has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has been the licensee designee and administrator of the 6 bed Heritage Haus since opening in June 2010. Ms. Land is a licensed practical nurse and has worked at a medical care facility for over 14 years.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 1 staff for 12 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 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 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.

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 medium group home (capacity 7-12).

Marcia S. Elowsky

06/26/14

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:

Betsy Montgomery

6/27/14

Betsy Montgomery
Area Manager

Date