RICK SNYDER GOVERNOR

## State of Michigan

DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING

September 15, 2014

Amy Hart
Beacon Harbor Homes, Inc.
Ste. 110
3124 Kochville Rd.
Saginaw, MI 48604

## RE: Application \#: AS730364361 <br> Sandra Court <br> 45 Sandra Court <br> Saginaw, MI 48602

Dear Mrs. Hart:
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 6 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,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
Midland, MI 48640
(989) 293-6338
enclosure

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

## I. IDENTIFYING INFORMATION

| License \#: | AS730364361 |
| :--- | :--- |
|  | Beacon Harbor Homes, Inc. |
| Applicant Name: | Ste. 110 <br> 3124 Kochville Rd. <br> Saginaw, MI 48604 |
|  | (989) 792-1891 |
| Applicant Address: | Amy Hart, Designee |
| Applicant Telephone \#: | Sandra Court |
| Administrator/Licensee Designee: | 45 Sandra Court <br> Saginaw, MI 48602 |
| Name of Facility: | (989) 793-9125 |
| Facility Address: | 07/29/2014 |
| Facility Telephone \#: | 6 |
| Application Date: | MENTALLY ILL <br> DEVELOPMENTALLY DISABLED |
| Capacity: | Program Type: |

## II. METHODOLOGY

| $07 / 29 / 2014$ | Enrollment |
| :--- | :--- |
| $08 / 11 / 2014$ | Licensing Unit file referred for criminal history review SC\&F Pup <br> date/Amy. |
| $08 / 11 / 2014$ | Application Complete/On-site Needed |
| $08 / 11 / 2014$ | File Transferred To Field Office Saginaw. |
| $08 / 19 / 2014$ | Application Incomplete Letter Sent |
| $08 / 19 / 2014$ | Contact - Telephone call made spoke to Amy Hart. She has been <br> fingerprinted as a Licensee Designee, this is documented on BITs. |
| $09 / 09 / 2014$ | Inspection Completed On-site |
| $09 / 15 / 2014$ | Contact - Telephone call received All repairs have been <br> completed, railing has been installed around deck. |
| $09 / 15 / 2014$ | Inspection Completed-BCAL Full Compliance |

## III. DESCRIPTION OF FINDINGS \& CONCLUSIONS

## A. Physical Description of Facility

The Sandra Court facility is a 2144 square foot ranch style home built in 1961. The home is located on the far West side of the city of Saginaw, and it is situated on a court. The home is not wheelchair accessible. The back yard is $80^{\prime} \times 90^{\prime}$ and is completely fenced in for privacy. The side yard has a storage shed, garden area and shade trees. The home had two fire places but they have both been blocked so that they will no longer be used. The Sandra Court home has one bathroom for the staff and residents and another bathroom attached to a double occupancy bedroom. It is understood that the bathroom attached to the double occupancy bedroom will be used for the residents who occupy that bedroom only. The residents of this home will have access to public transportation as well as the transportation provided by the Licensee. The home is located within a short distance of shopping areas, restaurants, library services, medical care services and a variety of public service organizations conveniently located to residents of this home.

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 bottom of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

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

| Bedroom \# | Room Dimensions | Total Square Footage | Total Resident Beds |
| :---: | :---: | :---: | :---: |
| 1 | $12^{\prime} \times 11^{\prime}$ | 132 square feet | 1 |
| 2 | $13.5^{\prime} \times 10.5^{\prime}$ | 141.75 square feet. | 2 |
| 3 | $12.10^{\prime} \times 8.10^{\prime}$ | 98 square feet. | 1 |
| 4 | $15.3^{\prime} \times 10.5^{\prime}$ | 160.5 square feet | 2 |

The living and dining room areas measure a total of 660 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 six (6) ambulatory 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 six (6) male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 Saginaw County Mental Health Authority. 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. 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 Beacon Harbor Homes, Inc., which is a "For Profit Corporation", was established in Michigan, on 11/22/2000. 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.

A licensing record clearance request was completed with no lein convictions recorded for Amy Hart, the licensee designee and administrator. Ms. Amy Hart submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results dated $7 / 22 / 14$..

Ms. Hart 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 6-bed facility is adequate and includes a minimum of 1 staff -to- 6 ambulatory residents per shift. All staff shall be awake during sleeping hours.

The applicant 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.

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), Idento Go 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the 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.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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, the 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.

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.

## 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 small group home (capacity 1-06).

09/15/2014

| Mary T. Fischer <br> Licensing Consultant | Date |
| :--- | :--- |

Approved By:


09/15/2014

| Mary E Holton | Date |
| :--- | :--- |
| Area Manager |  |

