



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 9, 2014

Lori Ambler
Countryside Senior Homes, LLC
17332 11 Mile Rd.
Battle Creek, MI 49014

RE: Application #: AS130365074
Countryside Senior Home
11130 B Drive North
Ceresco, MI 49014

Dear Mrs. Ambler:

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 (616) 356-0100.

Sincerely,

Kenneth Tindall, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS130365074

Applicant Name: Countryside Senior Homes, LLC

Applicant Address: 17332 11 Mile Rd.
Battle Creek, MI 49014

Applicant Telephone #: (269) 986-6844

Administrator/Licensee Designee: Lori Ambler, Designee

Name of Facility: Countryside Senior Home

Facility Address: 11130 B Drive North
Ceresco, MI 49014

Facility Telephone #: (269) 986-6844
08/22/2014

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/22/2014	Enrollment
08/26/2014	Inspection Report Requested - Health 1023362
08/26/2014	Contact - Document Sent Rule & ACT Books
08/26/2014	File Transferred To Field Office Kalamazoo
09/05/2014	Application Incomplete Letter Sent
09/18/2014	Inspection Completed On-site
09/18/2014	Inspection Completed-BCAL Sub. Compliance
09/29/2014	Inspection Completed-Environmental Health : A
10/08/2014	Inspection Completed On-site
10/08/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Licensee Designee Lori Ambler is purchasing this property on a land contract; a copy of this agreement is on file. Also on file is proof of ownership and permission from owners for the applicant to occupy as an adult foster care home, and for BCAL to conduct necessary inspections.

This is a wood framed ranch home with attached 2-car garage and full basement. It is located in a residential area in Ceresco MI. Residents will occupy the main floor only that includes 4 resident bedrooms, 1 ½ bathrooms, kitchen, laundry room and living room. It is not approved to be wheelchair accessible but has 1 ramped means of egress from the main floor.

The home has private water and sewer that was inspected and approved by the local health department (report on file). On site inspections verified that this home is in substantial compliance with rules pertaining to Environmental Health.

On site inspections verified substantial compliance with rules pertaining to Fire Safety. The basement has a gas fired-furnace and electric water heater. The home is equipped with an interconnected, hardwired smoke detection system. On file is verification the furnace and smoke detection system were inspected and approved by a qualified service. Floor separation to the basement includes an approved self-closing fire door. The applicant submitted a written statement that the gas fireplace in living room will not be used.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'9" by 11'4"	202	2
2	9'4" by 13'6"	126	1
3	11'5" by 13'6"	157	2
4	13'4" by 10'4"	150	1

The living, dining, and sitting room areas measure a total of 298 square feet of living space. This complies with the 35 square feet, per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 may include developmentally disabled, mentally ill, aged, physically handicapped or Alzheimer's.

Emergency transportation is available by dialing 911. Transportation provided by the applicant can be negotiated and specified in the resident care agreement.

C. Applicant and Administrator Qualifications

Applicant Countryside Senior Homes, LLC is a "Domestic Limited Liability Company", established in Michigan, on 12/17/2013. 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 sole member of Countryside Senior Homes, L.L.C is Lori Ambler. Ms. Ambler submitted documentation appointing herself as Licensee Designee for the corporation and as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Lori Ambler. Lori Ambler also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Lori Ambler provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Ambler has extensive experience operating adult foster care homes.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. 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 has indicated that direct care staff will be awake during sleeping hours.

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 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 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.

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 six-month temporary license to this adult foster care (small) group home (capacity 1 - 6).

Kenneth Tindall

10/09/2014

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Leon M. Hale

10/09/2014

Leon M. Hale
Area Manager

Date