



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 20, 2014

Jamika Bain
18880 30th Ave
Marion, MI 49665

RE: Application #: AM670344560
Pleasant Ridge Manor
18880 30th Ave
Marion, MI 49665

Dear Ms. Bain:

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 9 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,

Bruce A. Messer, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM670344560
Applicant Name:	Jamika Bain
Applicant Address:	18880 30th Ave Marion, MI 49665
Applicant Telephone #:	(231) 743-6922
Name of Facility:	Pleasant Ridge Manor
Facility Address:	18880 30th Ave Marion, MI 49665
Facility Telephone #:	(231) 743-6922
Application Date:	07/11/2013
Capacity:	9
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

07/11/2013	Enrollment
08/14/2013	Application Incomplete Letter Sent
09/16/2014	Inspection Completed-Environmental Health : A
10/22/2014	Application Complete/On-site Needed
10/22/2014	Inspection Completed On-site
10/28/2014	Inspection Completed-Fire Safety : A
11/20/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Pleasant Ridge Manor Adult Foster Care home is a single story ranch style home located approximately one mile from the small rural community of Marion, Michigan. Its convenient location makes use of community services including medical, shopping, recreational and educational programs. Public transportation is also accessible from this location. The home has four resident bedrooms located on the main floor with two full bathrooms and one half bathroom. There is a living, dining, and kitchen area located adjacent to the resident bedroom area. The home is wheelchair accessible with two approved means of egress that are equipped with ramps. A separate living area for a live-in staff member is located in an area attached to the facility.

This facility has been in continuous operation and fully licensed since July 15, 1991, as a 9 bed Adult Foster Care home. The License number from July 15, 1991 to February 25, 2004 was AM670009377; from February 26, 2004 to July 18, 2010 was AM670255176; and from July 19, 2010 to November 20, 2014 it was AM670300348.

The furnace and hot water heater are located on the main floor in a room that is constructed of material that has a 1-hour-fire-resistance rating and a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system.

On October 28, 2014, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On September 16, 2014, the home was inspected by the Central Michigan District Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'5"X16'	280	4
2	12'10"X9'11"	127	1
3	12'10"X14'3"	183	2
4	13'10"X10'7"	146	2

The living, dining, and sitting room areas measure a total of 602 square feet of living space. This complies with the 35 square feet/per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **9** 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 **9** male or female ambulatory or nonambulatory adults who are aged or who are diagnosed with a physical handicap in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Physically Handicapped will include will include physical and occupational therapy as prescribed, assistance with activates of daily living and community interaction.

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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A criminal history background check was conducted for the applicant and administrator. They have been determined to be of good moral character. The applicant and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant has 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 9 bed facility is adequate and includes a minimum of 1 staff –to- 9 residents per shift during awake hours and 2 readily available staff –to-9 residents during sleeping hours. All staff will be allowed to sleep during sleeping hours.

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 facilities 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 training suitability 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), and the related documents required to be maintained in each employees 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 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 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 9).



November 20, 2014

Bruce A. Messer
Licensing Consultant

Date

Approved By:



November 20, 2014

Leon M. Hale
Area Manager

Date