



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

December 17, 2014

Adam Hamilla
Allcare United LLC
1030 Lucharles Ave
Mt Morris, MI 48458

RE: Application #: AS250359799
Allcare United
1030 Lucharles Ave
Mt Morris, MI 48458

Dear Mr. Hamilla:

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,

Lisa Gundry, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 931-1220

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250359799

Applicant Name: Allcare United LLC

Applicant Address: 1030 Lucharles Ave
Mt Morris, MI 48458

Applicant Telephone #: (810) 640-7699

Administrator/Licensee Designee: Adam Hamilla, Designee

Name of Facility: Allcare United

Facility Address: 1030 Lucharles Ave
Mt Morris, MI 48458

Facility Telephone #: (810) 640-7699

Application Date: 03/18/2014

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/18/2014	Enrollment
03/26/2014	Inspection Report Requested - Health 1022814
03/26/2014	Application Incomplete Letter Sent 1326 for Adam including fingerprints
05/13/2014	Inspection Completed-Env. Health : A
05/20/2014	Contact - Document Received 1326 received for Adam Hamilla
05/20/2014	Application Complete/On-site Needed
05/20/2014	File Transferred To Field Office FLINT
06/12/2014	Application Incomplete Letter Sent
10/16/2014	Contact - Telephone call made LM with Adam regarding onsite
10/28/2014	Contact - Document Sent
12/03/2014	Inspection Completed On-site
12/03/2014	Inspection Completed-BCAL Full Compliance
12/15/2014	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Allcare United LLC is a four bedroom home located at 1030 Lucharles Ave., Mt. Morris, MI 48458 in Genesee County. Allcare United LLC is a ranch style home located in a neighborhood in northern Genesee County.

The home is made up of a living room, kitchen and dining area, two full bathrooms, and four resident bedrooms. The licensee intends to have staff reside in the fifth bedroom, which also doubles as an office. The laundry facilities are located near the back of the house. The facility has adequate storage areas. There is a driveway with an area for staff and visitors to park.

The home has a furnace and hot water heater, both located on the main floor. The heat plant enclosure room that has a 1¾ 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 back-up, which was installed by a licensed electrician and is fully operational.

The facility has a private water and private sewer system. The facility was inspected and approved by the Genesee County Health Department on May 13, 2013. The facility was determined to be in substantial compliance with all applicable rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
SOUTHWEST 1	10'2" x 9'9"	99	1
NORTHWEST 2	11'3" x 17'	191	2
SOUTHEAST 3	17' x 11'3"	191	2
NORTHEAST 4	11'1" x 10'7"	117	1

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.

The dining area measures 10 x 15, which is 150 square feet. This area can comfortably seat six residents. The living room measures 11 x 17, which is 187 square feet of living space. The total living space is 337 square feet, which complies with the 35 square feet/per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were adequately furnished, clean, and met all applicable rules relating to environmental and fire safety requirements.

The home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

This facility is wheelchair accessible. Two of the primary means of egress from the home terminate at grade, therefore meeting the requirements of R 400.14509.

The home has a fire extinguisher, which meets the requirements of R 400.14506. The bedrooms have the proper means of egress as required by R 400.14508. The interior of the home is of standard lath and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.1502, R 400.14503, and R 400.14504.

Based on the above information, it is concluded that this facility can accommodate **six** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Allcare United LLC, submitted a copy of the required documentation to the consultant. 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** male or female ambulatory or non-ambulatory adults who are ages 18 and over with a diagnosis of mentally ill, developmentally disabled, aged or Traumatic Brain Injured in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

Allcare United LLC will ensure that the resident's transportation and medical needs are met. Allcare United LLC has transportation available for residents to access community-based resources and services. 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

On 3/24/2014, Allcare United LLC submitted an application to provide foster care services to six adults at 1030 Lucharles Ave Mt. Morris, MI.

The applicant, Allcare United LLC, which is a "Domestic Limited Liability Corporation," was established in Michigan, on 5/23/2012. The licensee designee is an experienced adult foster care provider, currently operating as a family home with a licensed capacity for six adults. 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 applicant has a board of directors that oversee the corporation.

Allcare United, LLC submitted a written statement naming Adam Hamilla as the licensee designee and as the facility administrator. Mr. Hamilla submitted a licensing record clearance request that was completed and found to meet licensing requirements. He also submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. Mr. Hamilla 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 6-bed facility is adequate and includes a minimum of 1 staff to 6 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 1-to-6 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), L-1 Identity Solutions™ (formerly Identix®), 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 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.

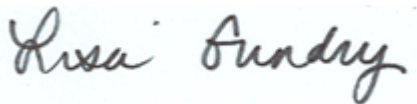
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



12/17/2014

Lisa Gundry
Licensing Consultant

Date

Approved By:



12/17/2014

Leon M. Hale
Area Manager

Date