



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

March 17, 2015

Mayra Ramos
ResCare Premier, Inc.
PO Box 100
Milan, MI 48160

RE: Application #:	AS440366523 ResCare Premier Briggs 4324 Briggs Rd Otter Lake, MI 48464
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Dear Ms. Ramos:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

Susan Sells, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS440366523
Applicant Name:	ResCare Premier, Inc.
Applicant Address:	9901 Linn Station Road Louisville, KY 40223
Applicant Telephone #:	(734) 439-8672
Administrator/Licensee Designee:	Mayra Ramos
Name of Facility:	ResCare Premier Briggs
Facility Address:	4324 Briggs Rd Otter Lake, MI 48464
Facility Telephone #:	(810) 793-4435
Application Date:	09/24/2014
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED ALZHEIMERS PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/24/2014	Enrollment
09/29/2014	Inspection Report Requested - Health 1023511
09/29/2014	File Transferred To Field Office Flint
10/07/2014	Application Incomplete Letter Sent
12/18/2014	Inspection Completed-Env. Health : A
01/22/2015	Inspection Completed On-site
01/22/2015	Inspection Completed-BCAL Sub. Compliance
01/27/2015	Application Incomplete Letter Sent
01/27/2015	SC-ORR Response Received-Approval
02/06/2015	Corrective Action Plan Received
02/06/2015	Corrective Action Plan Approved
02/06/2015	Application Complete/On-site Needed
03/05/2015	Inspection Completed On-site
03/05/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

ResCare Premier Briggs Adult Foster Care facility is a one story ranch style building located in the quiet rural countryside of Northwest Lapeer County. The home is of newer construction and surrounded by many acres of open space, woodlots, and rolling hills. An abundance of wildlife, including deer, turkey and ring neck pheasants can be seen from the facility's back deck area. Medical and hospital services are located in the nearby cities of Lapeer, Flint, and Saginaw. Shopping, social service organizations and religious accommodations can all be located in these three surrounding communities as well.

The facility has six private resident bedrooms and three full bathrooms (one which is used primarily by staff), a private sitting/visiting area, a large living room, dining room and full kitchen.

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

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
South-Southeast	11'10" x 7'8"	91	1
Southeast	11'10" x 7'8"	91	1
North-Northeast	11'8" x 9'5"	110	1
Northeast	11'9" x 10'5"	122	1
East	11'9" x 9'5"	111	1
North	11'8" x 9'5"	110	1

The total square footage of the bedrooms exceeds the minimum requirement of 80 square feet of usable floor space per resident in a single occupancy bedroom.

The living, dining, and sitting room areas measure a total of 666 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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 top of the stairs. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up which was installed by a licensed electrician and is fully operational. The laundry room and kitchen have battery operated smoke detectors.

On December 18, 2014 the home was inspected by the Lapeer County Health Department and it was determined that the home is in substantial compliance with applicable rules pertaining to water supply and sewage disposal.

At this time, the home has one approved wheelchair ramp. Therefore, it can serve physically handicapped individuals but it is not a wheelchair accessible/barrier free facility.

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 facility intends to provide services to individuals between the ages of 18-99. 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 adults whose diagnosis is mentally ill, developmentally

disabled, Alzheimer's, physically handicapped, or traumatically brain injured 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 Lapeer County Community Mental Health, local hospitals, the Department of Human Services, nursing homes, and the community.

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 provisions 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 ResCare Premier, Inc. which is a "For Profit Corporation" and was established in Michigan on November 18, 2003. 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 Board of Directors of ResCare Premier, Inc. has submitted documentation appointing Mayra Ramos as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The licensee designee/administrator 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 2-staff-to-6-residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledged 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 Identogo website (www.identogo.com), by MorphoTrust USA 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 medications 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

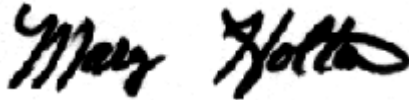
I recommend issuance of a temporary license to this AFC adult small group home.



March 17, 2015

Susan Sells Licensing Consultant	Date
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Approved By:



March 17, 2015

Mary E Holton Area Manager	Date
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