



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

March 25, 2015

Linda Diem
Country Pride LLC
6464 Ferden Road
Chesaning, MI 48616

RE: Application #:	AS730371029 Country Pride LLC 6787 Ferden Road Chesaning, MI 48616
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Dear Ms. Diem:

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,

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 #:	AS730371029
Applicant Name:	Country Pride LLC
Applicant Address:	6464 Ferden Road Chesaning, MI 48616
Applicant Telephone #:	(989)213-8037
Administrator/Licensee Designee:	Linda Diem, Designee
Name of Facility:	Country Pride LLC
Facility Address:	6787 Ferden Road Chesaning, MI 48616
Facility Telephone #:	(989) 213-8037
Application Date:	01/07/2015
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/07/2015	Enrollment
01/15/2015	Inspection Report Requested – Health 1023843.
01/15/2015	Application Incomplete Letter Sent 1326/Linda.
01/15/2015	Contact - Document Sent Act & Rules.
02/04/2015	Application Complete/On-site Needed
02/04/2015	File Transferred To Field Office Midland.
02/05/2015	Contact - Telephone call made Linda Diem will contact the Health Department inspector regarding total capacity of the home including licensed 6 bed and the independent side .
02/10/2015	Application Incomplete Letter Sent
02/11/2015	Inspection Completed On-site Health Inspector was there at the same time as I was.
03/05/2015	Contact - Telephone call made to Linda Diem. Health Dept. inspector wants to update the septic field, Affluent filter is needed in drain field to protect the drain field long term.
03/19/2015	Contact - Telephone call made to Linda Diem. A new filter is needed for the drain field.
03/23/2015	Contact - Telephone call received from Linda Diem.
03/23/2015	Inspection Completed-Env. Health : A
03/25/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

Country Pride LLC facility is a large farm house divided into two separate living programs. The home has a two hour separation between the small group home, known as Country Pride and the supported independent living side which can house up to 17 residents. The Saginaw County Health Department reported that the septic system was designed for 20 residents, but they are utilizing two septic fields which allow the facility to hold up to a total of 25 residents. Mrs. Diem said she only intends to have up to 17 residents in the supported independent living side of the home. The Country Pride 6 bed group home is on the main level of the home. The laundry room, living room, 2 half baths and 1 full bath are on the main floor. The kitchen dining room and all 4 bedrooms are on the main floor of the home. Country Pride is located southeast of Chesaning, in Maple Grove Township. The home has a barn with animals for residents to watch, care for and room to own their own farm pets if they choose to do so. There is ample off the road parking available at the home.

The Maple Grove Township fire Chief, Thomas Quarterer inspected the facility floor plan, exit routes and smoke alarm system on 1/15/15. Mr. Quarterer put in writing that the floor plans meet his approval.

The Maple Grove Township Building Inspector reported in writing on 2/10/15, that the floor plan changes to the home pass his inspection for occupancy. The inspector said the capacity for the small group home should not exceed (6) occupants and the independent living side shall not exceed 17 occupants.

The furnace and hot water heater are located in the basement with a self-closing, 1-3/4 inch solid core door in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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	14.5x11 + 6 x 44"	162.14	1
2	14.6 x 11.6 +4 x 3.4	155.8	2
3	10.2 x 11	112.2	1
4	13.7 x 10.4	142.48	2

The living, dining, and sitting room areas measure a total of 354 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This home is not wheelchair accessible.

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, 45 to 65 years old, 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 Community Mental Health, Saginaw Psychiatric Services, Community Services Agencies and from the community at large.

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 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.

The applicant is Country Pride, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 12/17/2014. 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 Country Pride, L.L.C. has submitted documentation appointing Linda Diem as Licensee Designee and the Administrator of the facility.

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

The licensee designee and administrator have 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 –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), finger printing by Morpho Trust USA/ IdentoGo, 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.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

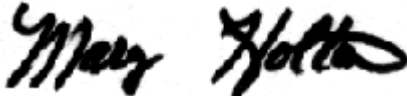
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



03/25/2015

Mary T. Fischer Licensing Consultant	Date
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Approved By:



03/26/2015

Mary E Holton Area Manager	Date
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