



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

February 3, 2015

Albert Beaudin
Mallard Cove, LLC
2801 Charlevoix Ave
Petoskey, MI 49770

RE: Application #: AL240360974
Mallard Cove East
2801 Charlevoix Ave
Petoskey, MI 49770

Dear Mr. Beaudin:

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 20 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,

Marcia S. Elowsky, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4924

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL240360974
Applicant Name:	Mallard Cove, LLC
Applicant Address:	2801 Charlevoix Ave Petoskey, MI 49770
Applicant Telephone #:	(231) 347-2273
Administrator/Licensee Designee:	Albert Beaudin
Name of Facility:	Mallard Cove East
Facility Address:	2801 Charlevoix Ave Petoskey, MI 49770
Facility Telephone #:	(231) 347-2273
Application Date:	05/02/2014
Capacity:	20
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

05/02/2014	Enrollment
05/12/2014	Inspection Report Requested - Fire
05/14/2014	Application Incomplete Letter Sent
08/19/2014	Application Incomplete Letter Sent
12/04/2014	Inspection Report Requested - Health
01/13/2015	Inspection Completed On-site
01/16/2015	Inspection Completed-Env. Health: A
01/20/2015	Inspection Completed-Fire Safety: A
02/03/2015	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a newly constructed single-story adult foster care large group home. It is attached to an existing 20-bed adult foster care facility, Mallard Cove Assisted Living (AL240312066). The facility is wheelchair accessible. The facility is located approximately one mile west of Northern Michigan Regional Hospital. The facility consists of a living and dining area, kitchen, pantry, sitting area, library, two offices, laundry room, medication room, two public bathrooms, shower room, two mechanical rooms and a storage room.

The gas furnaces are located in the crawl space. The gas hot water heater is located in the mechanical room. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout. The facility was issued an approved fire safety certification on January 20, 2015, by the Bureau of Fire Services.

The facility utilizes public water supply and sewage disposal system. An environmental health inspection was conducted on January 16, 2015. The sanitarian determined the facility to be in substantial compliance with applicable rules.

There are 18 studio suites, including a full bathroom, for resident occupancy. Each suite's dimension is 16'5" x 10'5" and 7'6" x 5'2". There is a total of 209 square feet of usable floor space in each suite. Also, there are two 1-bedroom studio suites, including a full bathroom. The suite's dimension are same as noted above, and the bedroom dimension is 11' x 10'.

The indoor living and dining areas measure a total of 1726 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 20 male and female residents who are aged or physically handicapped. Programs for the residents will include activities of daily living, personal adjustment, social interaction, health, fitness, recreational activities and community interaction.

The facility will make a provision for a variety of leisure and recreational activities, with an emphasize on sensory, mental and social stimulation. Community outings and activities may be scheduled and structured, or may be spur of the moment, meeting the ever-changing needs of the residents.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for social, medical and recreational activities.

C. Applicant and Administrator Qualifications

The applicant is Mallard Cove, L.L.C., a "Domestic Limited Liability Company", established in Michigan on June 15, 2010. 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 members of Mallard Cove, L.L.C. have submitted documentation appointing Albert Beaudin as licensee designee and administrator of the facility.

Criminal history background check of the applicant/administrator was completed and he was determined to be of good moral character to provide licensed adult foster care. The applicant/administrator submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

Mr. Beaudin has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. He has been the licensee designee and administrator of the other facility, Mallard Cove Assisted Living for over two years and has been a member of this L.L.C. since June 2010.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 1 direct care staff to 15 residents during waking hours and 1 direct care staff to 20 residents during normal sleeping hours. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to

changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care group home with a capacity of 20.

Marcia S. Elowsky

02/03/15

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:

Betsy Montgomery

2/3/15

Betsy Montgomery
Area Manager

Date