



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

November 17, 2015

Scott Brown
Renaissance Community Homes Inc
P.O. Box 166
Milan, MI 48160

RE: Application #: AS380379197
Northland Home
347 Ballmers Avenue
Jackson, MI 49201

Dear Mr. Brown:

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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "D. Kaufman".

Dennis R Kaufman, Licensing Consultant
Bureau of Community and Health Systems
Suite 3013
1040 S. Winter
Adrian, MI 49221
(517) 260-3583

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS380379197

Applicant Name: Renaissance Community Homes Inc.

Applicant Address: 25 E Main Street
Milan, MI 48160

Applicant Telephone #: (734) 439-0464

Administrator/Licensee Designee: Larry Holleman, Administrator
Scott Brown, Designee

Name of Facility: Northland Home

Facility Address: 347 Ballmers Avenue
Jackson, MI 49201

Facility Telephone #: (517) 782-2122

Application Date: 08/20/2015

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/20/2015	Enrollment
08/24/2015	Inspection Report Requested - Health Inv. #1024677
08/24/2015	Contact - Document Sent Rules & Act booklets
08/24/2015	Application Incomplete Letter Sent Rec cl & FP's for Scott Brown; rec cl for Larry Holleman
09/02/2015	Contact - Document Received Rec cl's for Scott & Lawrence
10/05/2015	Application Incomplete Letter Sent
10/07/2015	Contact - Document Sent Sent email to Jackson County PH regarding status of the request for inspection.
10/12/2015	Inspection Report Requested - Health
10/26/2015	Contact - Document Received Received requested documents.
11/02/2015	Inspection Completed-Env. Health : A Received at office on 11/13/15.
11/16/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch style home located in the north side of the City of Jackson. This facility is owned by LifeWays and its construction is based on the AIS (alternative living facility) architectural design. This facility has provided certified specialized residential services for many years under different AFC licensees. LifeWays recently awarded a service contract to Renaissance Community Homes to provide the services for this facility.

The facility is designed and approved to serve individuals in wheelchairs and all exits of the facility are an approved means of egress. The facility is on ground level and is built on a concrete slab. The facility has an attached two car garage. Upon entering the facility at the main entry there is a large activity room to the immediate right. Beyond the activity room is a large living room and to the left of the living room is the dining and kitchen area, staff office, and laundry room. To the right of the living room is a hallway that leads to four resident bedrooms and two large bathrooms. At the end of the hallway by the bedrooms is an exit that leads directly to the outside.

The facility has a public sewage disposal system and has a private well for water. The Jackson County Public Health Department conducted a water test of the private well and on 11/02/15, issued an approved water test.

The facility has a gas fired forced air furnace and hot water heater; both of these are located in an approved heat plant enclosure contained in the garage.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up and has a sprinkler system throughout the facility. The sprinkler system's water supply is provided by a large water tank that is in the garage and located in the approved heat enclosure room. The facility has approved fire extinguishers.

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

Bedroom	Room Dimensions	Total Sq. Footage	Total Resident Beds
N.E. Bedroom	14' 6" x 11'	159.5 sq. ft.	2
S.E. Bedroom	" "	" "	2
S.W. Bedroom	" "	" "	2
N.W. Bedroom	14'6" x 11'6"	166.75 sq.ft	2

All resident bedrooms exceed the space requirements to occupy 2 residents each. The facility will be licensed for 6 residents which will allow the licensee some flexibility with bedroom assignments based upon gender of residents.

The resident activity space that includes the dining area, living room, and activity room measures a total of 654 sq. feet which exceeds the minimum of 35 sq. feet per occupant requirement.

Based upon the above information, this facility can accommodate the requested six ambulatory residents and is not wheelchair assessable. 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 six male or female residents who have a diagnosis of a Developmental Disability or Mental Illness. The facility will have clinical services provided by contractual RN's, Dietary, Occupational Therapy, Psychology, and Social Workers. Individual plans of service will be developed for each resident and the licensee will be responsible to assure that staff is trained in these interventions and for implementing these services. The applicant will accept referrals from LifeWays as this organization has entered into contract with the applicant.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities to provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Renaissance Community Homes, a "Domestic Nonprofit Corporation", established on 9/10/1986 and is shown as "Active Status" with the State of Michigan Department of Licensing and Regulatory Affairs, Corporation Division. 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 Renaissance Community Homes have submitted documentation appointing Scott Brown as licensee designee for this facility and Larry Holleman as the administrator of the facility.

Criminal history background checks of Scott Brown and Larry Holleman were completed and they were determined to be of good moral character to provide licensed adult foster care. Scott Brown and Larry Holleman submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Scott Brown and Larry Holleman have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Brown has over 30 years of work experience working with vulnerable adults associated with licensed residential settings. Mr. Holleman has over 20 years of work

experience with adult foster care and currently serves as an administrator for several licensed facilities in Jackson County.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two staff for six residents per shift. 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 aware 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 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 softer 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 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.

IV. RECOMMENDATION

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



11/16/15

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



11/17/15

Ardra Hunter
Area Manager

Date