



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

September 9, 2015

Sandra Brenner
Brenner Health Services, LLC
18955 US 23 North
Millersburg, MI 49759

RE: Application #: AL710377167
Golden Beach Manor
18955 US 23 North
Millersburg, MI 49759

Dear Ms. Brenner:

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,

A handwritten signature in cursive script that reads "Kathleen Gutierrez".

Kathleen Gutierrez, Licensing Consultant
Bureau of Community and Health Systems
711 W Chisholm
Alpena, MI 49707
(989) 464-8723

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL710377167
Applicant Name:	Brenner Health Services, LLC
Applicant Address:	18955 US 23 North Millersburg, MI 49759
Applicant Telephone #:	989-306-4864
Administrator/Licensee Designee:	Sandra Brenner
Name of Facility:	Golden Beach Manor
Facility Address:	18955 US 23 North Millersburg, MI 49759
Facility Telephone #:	(989) 734-3066
Application Date:	04/14/2015
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

04/07/2015	Inspection Completed-Fire Safety : A
04/14/2015	Enrollment
05/18/2015	Application Incomplete Letter Sent
06/10/2015	Inspection Completed-Env. Health : A 1024187
06/25/2015	Contact - Document Received Received some licensing documents
08/04/2015	Contact - Document Received Licensee training documents received.
08/05/2015	Contact - Telephone call made Spoke to Sandra Brenner.
08/11/2015	Inspection Completed On-site
08/11/2015	Inspection Completed-BCAL Full Compliance
09/08/2015	Contact - Document Received Received signed appointment of licensee designee and administrator and organization chart.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a converted one story motel that is currently licensed as a large group home and is changing owners. The facility is a cement block and stucco one story building with ground level entrances, allowing for wheelchair access. Upon entering through the front door, there is an open dining room and living room with an enclosed porch at the back of the facility. To the right of the living room are two bedrooms. Left of the living room is a hall leading to a pantry, kitchen, 12 additional bedrooms, three bathrooms, a sitting room, laundry room and office. Bedrooms 1,2,10,11,12,13 and 14 have individual bathrooms. The facility has a private water supply and sewage disposal system.

The mechanical room that holds the propane water heater and boiler is in a separate room behind the laundry room with an entrance from the outside of the building. The door is metal with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'6"x7'5" +9'x13'9"	187.5	2
2	7'x8'6"+13'10"x8'10"	178.5	2
3	8'8"x9'+2'6"x4	87.5	1
4	9'2"x8'8"+3'10"x2'7"	89.5	1
5	8'10"x11'+3'10"x2'6"	106	1
6	9'2"x8'8"+2'6"x4	90	1
7	8'8"x8'8"+2'8"x3'8"	85.5	1
8	11'x12'3"x4'6"x2'6"	146.5	2
9	10'6"x13'6"+2'6"x4'	151.75	1
10	12'x11'7"+8'4"x9'	214	2
11	14'8"x11'6"+6'x8'9"	238	2
12	14'6"x9'6"+5'x3'6"	155	2
13	14'6"x8'6"+5'6"x4'2"	146	1
14	14'6"x8'6"+5'6"x4'2"	146	1

The indoor living and dining areas measure a total of 1,113 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/or female residents who are aged. The program will include social interaction, organized Bingo games, holiday and birthday parties that include family members, crafts, voluntary religious activities, musical events (local band), board games, playing cards, exercise group activity, gardening available in the summer. The applicant intends to accept referrals from Presque Isle County DHHS, Veterans Administration or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local shopping, public library,

local museums, and local churches. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Brenner Health Services, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 1/20/2015. 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 Brenner Health Services, L.L.C. have submitted documentation appointing Sandra Brenner as licensee designee and administrator of the facility.

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

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Sandra Brenner was the cook at the facility for a year, became the manager of the facility for the past year and a half. Sandra Brenner stated that the current Licensee Designee, Scott McLennan, has been training her for the role of Licensee Designee and Administrator for the past year. Mr. McLennan wrote a recommendation stating Sandra Brenner was “highly organized, with a great work ethic”. Mr. McLennan stated Sandra Brenner had the skills needed to be a Licensee Designee/ Administrator including business and personal management skills, good communication skills and has shown to be a great mentor for staff in caring for residents.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 2 staff for 20 residents for day time shifts from 6 a.m. to 10 p.m. and one staff and one sleepover staff for the night shift from 10 p.m. to 6 a.m. A cook will be on staff from 9 a.m. to 5 p.m. seven days a week and a medication technician will be on staff from 7 a.m. to 3 p.m. during weekdays. When the medication technician is not available, trained staff will be available to dispense medications. 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 one 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 acknowledge 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(s) *or 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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.

I. RECOMMENDATION

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



09/09/2015

Kathleen Gutierrez
Licensing Consultant

Date

Approved By:



9/9/15

Betsy Montgomery
Area Manager

Date