



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

February 1, 2016

Kimberly Ruge
Divine Group, LLC
86 E Montgomery Street
Coldwater, MI 49036

RE: Application #: AS120368817
Divine Group LLC
145 Hull Street
Coldwater, MI 49036

Dear Ms. Ruge:

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 5 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 black ink that reads "Susan Gamber".

Susan Gamber, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS120368817
Licensee Name:	Divine Group, LLC
Licensee Address:	145 Hull Street Coldwater, MI 49036
Licensee Telephone #:	(517) 206-9031
Administrator/Licensee Designee:	Kimberly Ruge
Name of Facility:	Divine Group LLC
Facility Address:	145 Hull Street Coldwater, MI 49036
Facility Telephone #:	(517) 227-5299
Application Date:	11/13/2014
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

06/02/2014	Comment Finger Prints for Kimberly
11/13/2014	On-Line Enrollment
11/13/2014	Contact - Document Sent Rules & Act booklets
11/13/2014	Application Incomplete Letter Sent Valid Corp information; record clearance & finger prints for Kimberly Ruge
11/14/2014	Contact - Document Received record clearance for Kimberly
11/18/2014	Contact - Document Received Valid Corporation
11/18/2014	Application Complete/On-site Needed
11/21/2014	Application Incomplete Letter Sent
10/19/2015	Inspection Completed On-site
01/26/2016	Inspection Completed On-site
01/26/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two story wood frame home with full basement located in a residential neighborhood within the city limits of Coldwater. It is an older home that has been extensively refurbished. The first floor contains one resident bedroom and full bathroom, kitchen, dining room, living room and office. The second story contains two resident bedrooms, a resident sitting room, and full bathroom. The home is not wheelchair accessible. Public water and sewage systems are utilized. The basement will not be utilized for resident activities.

The gas 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 top/ of stairs. The facility is equipped with interconnected, hardwired smoke detection system with battery backup 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	13'4"x 11'1"	143	2
2	11'6"x9'9"	112	1
3	17'x13' 5"	221	2

The living, dining, and sitting room areas measure a total of 468 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** 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 **five (5)** female ambulatory adults whose diagnosis is developmental disability or mental illness, in the least restrictive environment possible. Individuals with developmental disabilities will only be accepted if they are high functioning, verbal, and independent in activities of daily living. Individuals with mental illness must be similarly independent and have no symptoms or behaviors that would pose a danger to individuals with a developmental disability. The program is intended to accommodate high functioning individuals who can participate in community programs and activities. The applicant intends to accept residents from Branch County-DHS, Pines CMH, or private pay individuals as a referral source.

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 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 is Divine Group, L.L.C., which is a “Domestic Limited Liability Company”, and established in Michigan, on 05/29/2014. 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 members of Divine Group, L.L.C. have submitted documentation appointing Kimberly Ruge as the licensee designee and administrator for this facility. criminal history background check found no convictions recorded for the licensee designee/ administrator. The licensee designee/administrator submitted a statement 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 five (5) bed facility is adequate and includes a minimum of one staff –to five residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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) 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 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 residents' personal money transactions that have been agreed to be managed by the applicant.

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.

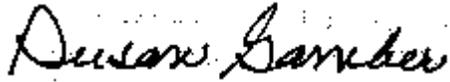
The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

IV. RECOMMENDATION

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



February 1, 2016

Susan Gamber
Licensing Consultant

Date

Approved By:



February 1, 2016

Betsy Montgomery
Area Manager

Date