



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

April 4, 2016

Julie Parrish
Central State Community Services, Inc.
Suite 201
2603 W Wackerly Rd
Midland, MI 48640

RE: Application #: AM320379300
Genesis CLF
4440 Washington
Ubly, MI 48475

Dear Ms. Parrish:

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 7 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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM320379300

Applicant Name: Central State Community Services, Inc.

Applicant Address: Suite 201
2603 W Wackerly Rd
Midland, MI 48640

Applicant Telephone #: (989) 631-6691

**Licensee Designee:
Administrator** Julie Parrish
Annette Terry

Name of Facility: Genesis CLF

Facility Address: 4440 Washington
Ubly, MI 48475

Facility Telephone #: (989) 658-8721
08/10/2015

Application Date:

Capacity: 7

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

06/10/2015 Inspection Completed-Fire Safety : A
Fire Marshal Dan Stasa approved Genesis AM320008393 on
06/10/15. Per email from Dan, he indicates this 'A' rating is
sufficient for the new licensee.

08/10/2015 Enrollment

08/28/2015 Application Incomplete Letter Sent
1326s/Julie & Annette.

08/28/2015 Contact - Document Sent
Act & Rules.

09/03/2015 Inspection Report Requested - Health
1024754

09/03/2015 Inspection Report Requested - Fire
Per Lic Consultant. Emailed & Mailed request to BFS.

10/01/2015 Application Incomplete Letter Sent
FP/Julie.

10/01/2015 Inspection Completed-Env. Health : A

10/28/2015 Contact - Telephone call received
Julie-Re. FP requested already on file. I explained whenever a
new AFC app is submitted and an FCL code print is not on file,
Licensing then requests the FCL code print. Caller did not
understand, transferred to CG to explain further.

12/18/2015 File Transferred To Field Office
Saginaw.

12/18/2015 Application Complete/On-site Needed

12/22/2015 SC-Application Received - Original

01/04/2016 Application Incomplete Letter Sent

01/27/2016 Inspection Completed On-site

02/09/2016 Inspection Completed-BCAL Full Compliance

04/04/2016 Contact - Document received
Received Zoning Approval from Ugly Zoning Administrator

04/04/2016 Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Genesis CLF is ranch style home that is located in a residential area in the western part of the Village of Uby. Huron Behavioral Health owns the property at 4440 Washington, Uby, Michigan and is contracting with Central State Community Services to provide specialized support services in the home. This facility is located approximately 12 miles southeast of Bad Axe and has central air conditioning. Genesis CLF was previously licensed as Genesis CLF (AM320008393) and was licensed on 04/12/1984 and was continually licensed until it was closed on 02/09/2016.

The 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 the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire Marshal Milan Dan Stasa conducted a fire safety inspection on June 10, 2015 and gave Genesis CLF full approval. Huron County Sanitarian Robert Kubacki conducted an environmental health inspection on October 1, 2015 and determined this facility to be in full compliance.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
SE #1	14'5" X 12'9"	188 sq. feet	2
W #2	12'9" X 9'	117.3 sq. feet	1
NW #3	8'6" X 12'7"	110.5 sq. feet	1
NE #4	10'4" X 12'5"	130.2 sq. feet	2
E #5	12'5" X 8'9"	111.4 sq. feet	1

The living, dining, and sitting room areas measure a total of 540 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate seven (7) 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 **seven (7)** male or female adults whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, or aged, ages 18 and older, in the least restrictive

environment possible. The facility is wheelchair accessible and wheelchair users will be accepted. 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 Huron Behavioral Health.

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 is Central State Community Services, Inc., which is a Non Profit Corporation, was established in Michigan, on 10/30/1984. 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.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the 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 seven bed facility is adequate and includes a minimum of two staff –to- seven 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),

L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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.

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.

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 medium group home (capacity 7).

Kathryn A. Huber

04/04/2016

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary E. Holton

04/04/2016

Mary E Holton
Area Manager

Date