



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 29, 2016

Renaë Clark  
Community Living Support Services, LLC  
PO Box 5  
Albion, MI 49224

RE: Application #: AS130381539  
Linden Ave.  
504 Linden Ave.  
Albion, MI 49224

Dear Mrs. Clark:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS130381539

**Applicant Name:** Community Living Support Services, LLC

**Applicant Address:** PO Box 5  
Albion, MI 49224

**Applicant Telephone #:** (517) 554-8788

**Administrator/Licensee Designee:** Renae Clark

**Name of Facility:** Linden Ave.

**Facility Address:** 504 Linden Ave.  
Albion, MI 49224

**Facility Telephone #:** (517) 554-8788

**Application Date:** 02/17/2016

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

02/17/2016	Enrollment
02/23/2016	Contact - Document Sent Rule & ACT Books
02/23/2016	File Transferred To Field Office Lansing
03/22/2016	Application Incomplete Letter Sent
03/31/2016	Application Complete/On-site Needed
04/12/2016	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch-style building located on the outskirts of the city limit of Albion, MI. The facility consists of a main floor and a garage. There are four bedrooms and two bathrooms, all designated for resident use. The home also contains a living room, kitchen, dining room and laundry room. The facility is not wheelchair accessible, and will not accommodate full-time wheelchair users. The facility utilizes a public water supply and public sewage disposal system.

The gas hot water heater and furnace are located on the main floor of the home and are enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door is made of 1 ¾ inch solid core wood. The door is hung in a fully stopped wood or steel frame and is equipped 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 applicant provided documentation that the smoke detection system was inspected by a licensed electrician on March 30, 2016, and is installed correctly and fully operational. There are nine smoke detectors in the facility, in total. They are located in each bedroom, the kitchen, the living room, the back hallway, the master bathroom, and the heating plant room.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 10" x 10' 6"	124	One
2	10' 11" x 13' 4"	146	Two
3	15' 9" x 13' 8"	215	Two
4	11' 8 ½" x 8' 7"	100	One

The indoor living and dining areas measure a total of 531 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 six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are mentally ill, developmentally disabled, or traumatically brain-injured. The program will focus on community inclusion and development of independent living skills for residents. The program will include medication administration, education about nutrition and meal planning, activities of daily living skills training, assisting residents with learning to manage money by teaching them how to count, budget, and prioritize spending, transportation, training and supervision in the community to include social skills and public safety training, and staff participation in medical appointments. Residents will have the opportunity to engage in training about their medications including understanding why the medications are prescribed, possible side effects, and how the medication is administered, health maintenance training in scheduling appointments, preparing questions for health care providers, and understanding diagnoses, employment coaching, diversity and cultural awareness to assist residents in understanding and interacting with people from varying backgrounds, household management training, and volunteer opportunities in the community, which builds connections. The applicant intends to accept referrals from Calhoun, Branch, and Jackson County CMHs, 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 the movie theater, churches, museums, bowling alley, restaurants, parks, shopping centers, the library and the amphitheater. There are opportunities for skill building and education through Summit Pointe Connections, the ARC of Calhoun County, Albion Community College, and

Alternative Choices. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is Community Living Support Services, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on March 5, 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 Community Living Support Services, L.L.C. have submitted documentation appointing Renae Clark as licensee designee and administrator of the facility.

A criminal history background check of Ms. Clark was completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Clark submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Clark has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Clark has been the administrator and licensee designee for another specialized AFC small group home for nearly a year. She has 25 years of experience supporting people with developmental disabilities. Ms. Clark has 10 years of experience working with people who have a mental illness. Ms. Clark has several years of practical hands-on experience, and has trained others on how to effectively manage persons who have a traumatic brain injury. She is aware of how the location and type of brain injury impact the individuals thought processes and daily functioning. Ms. Clark has a Bachelor of Social Work degree. Ms. Clark is a certified MANDT instructor, with expertise in preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others. Ms. Clark is a certified trainer for CMH, and has been providing consultation services for adult foster care providers for more than 20 years.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff member for four residents, and two staff members for six residents, per shift. There will be a third staff member responsible for transportation and coordination of activities for residents. 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 facility is located on the bank of the Kalamazoo River. To insure the safety of residents, the applicant will have two staff members for four residents for each shift, and has installed alarms on the doors of the facility, until a fence can be installed, which is scheduled to occur in May, 2016. 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](http://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 *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 acknowledged the responsibility to obtain the required 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.

**IV. RECOMMENDATION**

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



4/29/16

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Leslie Barner  
Licensing Consultant

Date

Approved By:



4/29/16

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Betsy Montgomery  
Area Manager

Date