



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 8, 2016

David Conner
Espanola House, LLC
31785 Pawton Ln
Paw Paw, MI 49079

RE: Application #: AS390381707
Espanola House
422 Espanola Ave.
Parchment, MI 49004

Dear Mr. Conner:

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 black ink that reads "Donna Konopka".

Donna Konopka, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS390381707

Applicant Name: Espanola House, LLC

Applicant Address: 31785 Pawton Ln
Paw Paw, MI 49079

Applicant Telephone #: (269) 330-2397

Administrator/Licensee Designee: David Conner

Name of Facility: Espanola House

Facility Address: 422 Espanola Ave.
Parchment, MI 49004

Facility Telephone #: (269) 220-5095

Application Date: 12/22/2015

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
AGED

II. METHODOLOGY

12/22/2015	Enrollment
03/07/2016	File Transferred To Field Office Lansing
03/21/2016	Application Incomplete Letter Sent
05/05/2016	Contact - Telephone call received Interviews with applicant and EH sanitarian regarding need for EH inspection. Sanitarian confirmed no need for EH inspection, since applicant changed from a medium group to a small group home application.
06/01/2016	Contact - Document Received Policies received
06/24/2016	Inspection Completed On-site
06/28/2016	Contact - Document Received
06/28/2016	Application Complete/On-site Needed
07/06/2016	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two story wood-frame home with a walkout basement located in the city of Parchment, MI. The house has nine bedrooms and six bathrooms. The main floor has five resident bedrooms, all single occupancy, and one full bathroom and a half bath. The main floor will be the primary living space for residents. It has a full kitchen, dining room and living room for residents. The home has two wheelchair ramps exiting from the main floor. One resident bathroom, with a full private bathroom, is located on the second story. The second story also has two common areas, a full kitchen, a full bathroom and a half bathroom. The upstairs kitchen will not be used for cooking, but may be used for additional food storage. The extra bedroom on this level will not be used for residents. The finished basement has living quarters for staff, including two full bathrooms, a common area and a private meeting area.

The home utilizes public water and sewage systems.

The gas furnace and 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 furnace/air conditioning unit was inspected by Seasonal Comfort Heating and Cooling on 06/29/2016 and found to be in good working order. The City of Parchment conducted an inspection and issued an occupancy permit on 04/29/2016.

The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Vanguard Fire & Security System, Inc. conducted a full inspection of the system on 04/28/2016 and found the system to be installed correctly and in good working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 – main floor	13'6" x 10'2"	137	1
2 – main floor	12'8" x 11'9"	148	1
3 – main floor	12'9" x 10'	127	1
4 – main floor	8'6" x 9'6" + 2'6" x 4'	90	1
5 – main floor	13'2" x 7'2"	113	1
6 – 2 nd floor	13'9" x 15'10"	217	1

The living room, dining room, and common areas located on the 2 floors measure a total of 731 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 six (6) 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 six (6) male or female ambulatory adults who are aged (55-99 years) and physically disabled in the least restrictive environment possible. The program will include social interaction and personal care, as appropriate. The applicant intends to accept residents private pay individuals.

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 as agreed upon in the Resident Care Agreement. 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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Espanola House, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/26/2015. 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 Espanola House, L.L.C. have submitted documentation appointing David Connor as Licensee Designee for this facility and Tracy Brandt as the Administrator of the facility

A criminal history background check for Mr. Conner or Ms. Brandt determined them to be of good moral character and eligible for the provision of adult foster care. They have submitted statements from a physician documenting their good health and current TB-tine negative results.

Mr. Conner and Ms. Brandt 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 six bed facility is adequate and includes a minimum of one staff to six 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 not 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 resident's 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.

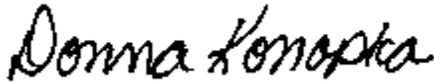
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this adult foster care small group home (capacity 1-6).



07/08/2016

Donna Konopka
Licensing Consultant

Date

Approved By:



7/8/16

Betsy Montgomery
Area Manager

Date