



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 21, 2016

Robert Gulley
606 E High Street
Ishpeming, MI 49849

RE: Application #: AF520379592
High Street Assist Living
606 E High Street
Ishpeming, MI 49849

Dear Mr. Gulley:

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 4 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF520379592
Applicant Name:	Robert Gulley
Applicant Address:	606 E High Street Ishpeming, MI 49849
Applicant Telephone #:	(906) 204-4378
Administrator/Licensee Designee:	N/A
Name of Facility:	High Street Assist Living
Facility Address:	606 E High Street Ishpeming, MI 49849
Facility Telephone #:	(906) 204-4378 09/04/2015
Application Date:	
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

09/04/2015	Enrollment
09/18/2015	Application Incomplete Letter Sent needs fingerprint for Robert Gulley
10/01/2015	Application Incomplete Letter Sent GMC Letter sent for Terry Peterson Member of the household.
10/02/2015	Application Incomplete Letter Sent GMC Letter sent for Robert Gulley.
01/15/2016	Application Incomplete Letter Sent
08/31/2016	Inspection Completed On-site
08/31/2016	Inspection Completed-BCAL Sub. Compliance
10/13/2016	Application Complete/OFS Needed
10/13/2016	Inspection Completed On-site
10/13/2016	Inspection Completed On-site Full Compliance
10/21/2016	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This two-story home is owned by Mr. Gulley and his ex-wife. Mr. Gulley obtained written documentation that the home can be used for an adult foster care home. The home is located in Ishpeming Michigan, in Upper Michigan (Marquette County). The home is very close to downtown but in a residential neighborhood. It is close to medical facilities, shopping centers and recreational opportunities.

The home has four bedrooms that are approved for single occupancy. There are 2 bathrooms.

Bedroom 1 11' x 7' 7" + 7' 9" x 2' 7" or 106 sq. feet single occupancy
Bedroom 2 10' 10" x 13' 10" or 132 sq. feet single occupancy
Bedroom 3 12' 3" x 10' 4" or 128 sq. feet single occupancy
Bedroom 4 12' 9" x 11' 10" or 143 sq. feet single occupancy

The first floor has a Livingroom and dining room and the second floor has 2 common areas that provide adequate indoor living space for the residents to gather.

1st floor Living room/ common area is 14' x 14' or 196 sq. feet
Dining room is 12'x13' or 156 sq. feet
2nd floor common areas
11' 4" x 11' 3" or 129 sq. feet
9' x 10' or 90 sq. feet

The furnace is located in basement and meets the requirements of fire safety. This home has public water and sewer. The home is not wheelchair accessible.

B. Program Description

The home provides 24-hour supervision, protection and personal care for up to 4 male residents over the age of 18 who are diagnosed as mentally ill, or developmentally disabled. The home will have at least one staff person on site when there are residents in the home.

Mr. Gulley has provided his program statement, admission and discharge policies and the house rules. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The home will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs.

C. Applicant and Responsible Person Qualifications

The Licensee Robert Gulley an individual. A licensing record clearance was completed for Mr. Gulley with no exclusionary findings. Mr. Gulley and the responsible person submitted medical clearance documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults. The applicant have provided documentation to satisfy the qualifications and training requirements.

Mr. Gulley acknowledges an understanding of the requirements to maintain his category license type. He also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the family home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those staff that have received medication training

and have been determined competent by the licensee can administer medication to residents. In addition, the applicants has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained. The applicant acknowledges responsibility to obtain all required documentation and signatures that are to be completed prior to each staff or volunteer working with residents. In addition, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

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 related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 4).

Laura Mohrman

10/21/2016

Laura Mohrman
Licensing Consultant

Date

Approved By:

Mary Holton

10/21/2016

Mary E Holton
Area Manager

Date