



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 21, 2016

Elissa Trombley
2 Hearts Foster Care LLC
23750 East River Road
Grosse Ile, MI 48138

RE: Application #: AS820381090
2 Hearts Foster Care Home
13609 Wright Street
Gibraltar, MI 48173

Dear Ms. Trombley:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson".

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste. 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS820381090

Applicant Name: 2 Hearts Foster Care LLC

Applicant Address: 23750 East River Road
Grosse Ile, MI 48138

Applicant Telephone #: (734) 307-5108

Administrator/Licensee Designee: Elissa Trombley

Name of Facility: 2 Hearts Foster Care Home

Facility Address: 13609 Wright Street
Gibraltar, MI 48173

Facility Telephone #: (734) 307-7643

Application Date: 01/08/2016

Capacity: 6

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

01/08/2016	Enrollment
01/12/2016	Contact - Document Sent Rules & Act booklets
01/12/2016	Application Incomplete Letter Sent Valid corporation information
01/15/2016	Contact - Document Received Valid corporation information
01/19/2016	Licensing Unit file referred for criminal history review Jaime Firek
02/08/2016	Contact - Document Received Fax received: IRS tax ID letter stamped and forwarded to consultant in Detroit.
02/13/2016	Application Incomplete Letter Sent
04/11/2016	Contact - Document Received Received requested documents from applicant.
04/21/2016	Contact - Telephone call made Spoke with applicant regarding the information that was sent and requested all of the information identified on the incomplete application letter. Provided technical assistance and requested that the information be completed and submitted by 04/29/16.
04/21/2016	Technical Assistance Mailed technical assistance packet to assist applicant in developing the required personnel policies. Also requested applicant and administrator training and experience.
04/25/2016	Contact - Telephone call received Spoke with administrator Ms. Trombley who reported she will be the licensee designee and administrator for the home. I informed Ms. Trombley that I still needed all of the documentation requested in the incomplete application letter as well as proof of required training and experience relevant to the populations she wishes to serve. Ms. Trombley reported she would be working on obtaining the documentation and would submit it for my review as soon as possible.
05/11/2016	Contact - Document Received Received and reviewed some of the requested documents from Ms. Trombley.

06/03/2016	Technical Assistance Face to face technical assistance provided to Ms. Trombley regarding specific documents needed as well as required information that has to be included in policies and procedures. Also provided information/resources on where to obtain required training as the licensee designee and administrator, as well as samples to use as guides
08/11/2016	Contact - Document Received Received revised documents from Ms. Trombley.
09/09/2016	Contact - Document Sent Reviewed all documents sent from Ms. Trombley. An email was sent requesting missing documents. I requested a telephone call to address the policies and procedures that still require revision and to schedule the onsite inspection.
09/14/2016	Consultation Requested/Provided Provided technical assistance and consultation to Ms. Trombley regarding policies and procedures. Ms. Trombley will update and have them ready for at the upcoming onsite inspection.
09/30/2016	Application Complete/On-site Needed
10/11/2016	Inspection Completed On-site
10/11/2016	Inspection Completed-BCAL Sub. Compliance
11/01/2016	Inspection Completed On-site Follow-up inspection to ensure all area of non-compliance corrected from 10/11/16 onsite.
11/15/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

2 Hearts Foster Care Home is located in the downriver community of Gibraltar. The home is a tan vinyl sided ranch-style structure accented with emerald green shutters. The home also has 2 car attached garage. The front of the home is equipped with a wheelchair ramp that has been determined to be safe, however, at the present, the home is not wheelchair accessible. The home has three bedrooms, and two full

bathrooms. The living and dining room areas measure a total of 428 square feet of space; this exceeds the minimum of 35 square feet per resident requirement.

The furnace and hot water heater are located on the first floor, in a room that is constructed of material that has a 1-hour-fire resistance rating and a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, 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	11'10 x 14'	166 sq. ft.	2
2	11'11 x 12'	143 sq. ft.	2
3	13'10 x 11'11	165 sq. ft.	2

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 whose diagnosis is Alzheimer's and aged, in the least restrictive environment possible. 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, if applicable.

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 assure 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 2 Heart Foster Care, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/28 /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 Board of Directors of 2 Hearts Foster Care, L.L.C. has submitted documentation appointing Elissa Trombley as Licensee Designee and Administrator of the 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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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 licensee designee 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), MorphoTrust by Identogo (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The licensee designee 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 licensee designee 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 licensee designee 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 licensee designee 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 licensee designee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee designee 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 licensee designee 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 licensee designee 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 small group home (capacity 1-6).



Pandrea Robinson
Licensing Consultant

11/17/16
Date

Approved By:



Ardra Hunter
Area Manager

11/21/16
Date