



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 28, 2016

Melanie White
Eastport Village Care Home, LLC
PO Box 264
Eastport, MI 49627

RE: Application #: AL050384731
Eastport Village Care Home
5988 N M-88 HWY
Central Lake, MI 49622

Dear Ms. White:

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 20 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Marcia S. Elowsky".

Marcia S. Elowsky, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4924

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL050384731
Licensee Name:	Eastport Village Care Home, LLC
Licensee Address:	5988 N M-88 HWY Central Lake, MI 49622
Licensee Telephone #:	(231) 631-1836
Administrator/Licensee Designee:	Melanie White
Name of Facility:	Eastport Village Care Home
Facility Address:	5988 N M-88 HWY Central Lake, MI 49622
Facility Telephone #:	(231) 599-3833
Application Date:	09/07/2016
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

05/19/2016 Inspection Completed-Fire Safety : A
09/07/2016 On-Line Enrollment
09/09/2016 Application Incomplete Letter Sent
10/04/2016 Inspection Completed-Env. Health : A
10/25/2016 Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story building located near M-31 in Eastport. The front of the building is sided with wood, while the other three sides are painted cinder block. This facility has been licensed to provide adult foster care since 1999 and this is a change of ownership.

The facility consists of a large reception room, dining/multi-purpose room, a recreation room, 10 resident bedrooms, five of which have half bathrooms. There is a kitchen, laundry room, boiler room, mechanical room, four full bathrooms and another half bathroom. In addition, the facility has an apartment for the applicant, who will be living onsite. The home is wheelchair accessible and has 2 approved means of egress at street level.

The facility is heated by a propane fired boiler, supplying hot water to the heating system. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 05/19/16 the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On 10/04/16 the home was inspected by the Health Department of Northwest Michigan who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'3" x 17'2"	261	2
2	15'3" x 16'6"	251	2
3	15'3" x 17'0"	259	2

4	16'6" x 13'9"	226	2
5	20'3" x 13'9"	278	2
6	17'3" x 9'3"	159	2
7	13'5" x 15'8"	210	2
8	13'6" x 10'2"	137	2
9	13'5" x 12'6"	167	2
10	13'5" x 16'6"	221	2

The living, dining, and sitting room areas measure a total of 1800 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 twenty (20) 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 twenty (20) male or female adults who are in the least restrictive environment possible.

Programs for the aged residents will include activities of daily living, personal adjustment, social interaction, health, fitness, recreational activities and community interaction.

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 for or arrange for transportation for program and medical needs as outlined in each residents 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, shopping centers, churches, restaurants, local parks and community events.

C. Applicant and Administrator Qualifications

The applicant is Eastport Village Care Home, LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 06/29/2016. 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 applicant has submitted documentation appointing Melanie White as Licensee Designee and Administrator of the facility.

A criminal history background check was conducted for Melanie White. She has been determined to be of good moral character. The applicant submitted a statement from a physician documenting her good health and current negative TB-tine results.

The applicant has 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 20 bed facility is adequate and includes a minimum of one staff to 15 residents per shift during awake hours and one staff to 20 residents during sleeping hours. Since the applicant resides in the facility she may be asleep during sleeping hours.

The applicant acknowledges an understanding of the training suitability 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), 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 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 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

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 adult foster care large group home (capacity 20).

Marcia S. Elowsky

11/28/2016

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:

Jerry Hendrick

11/28/2016

Jerry Hendrick
Area Manager

Date