



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 22, 2017

Tracie Hernandez
Cornerstone II Inc
P. O. Box 277
Bloomington, MI 49026

RE: Application #: AS800387103
Covey Hill AFC
28901 41st Street
Paw Paw, MI 49079

Dear Ms. Hernandez:

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 Lansing office at (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-------------------------------|---|
| License Application #: | AS800387103 |
| Licensee Name: | Cornerstone II Inc |
| Licensee Address: | 44409 Baseline Rd. Bloomingtondale, MI 49026 |
| Licensee Telephone #: | (269) 668-7070 |
| Licensee Designee: | Tracie Hernandez |
| Administrator: | Amber Hernandez-Bunce |
| Name of Facility: | Covey Hill AFC |
| Facility Address: | 28901 41st Street Paw Paw, MI 49079 |
| Facility Telephone #: | (269) 317-4433 |
| Application Date: | 02/27/2017 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED |

II. METHODOLOGY

| | |
|------------|--|
| 02/27/2017 | On-Line Enrollment |
| 02/28/2017 | Contact - Document Sent Rule & Act booklets |
| 02/28/2017 | Application Incomplete Letter Sent Ltr for Federal ID; correct app; rec cl's for Tracie (LD) & Amber (Admin) |
| 03/10/2017 | Contact - Document Received Ltr for Fed ID; corrected app; rec cl's for Tracie & Amber |
| 03/10/2017 | Inspection Report Requested - Health Inv. #1026736 |
| 03/10/2017 | File Transferred To Field Office Lans/Kal |
| 04/10/2017 | Application Incomplete Letter Sent |
| 04/14/2017 | Inspection Completed-Env. Health : A Inspection completed on 04/12/2017 |
| 04/28/2017 | Contact - Document Received Documents pertaining to letter incomplete received. |
| 05/04/2017 | Inspection Completed-BCAL Full Compliance |
| 05/04/2017 | Inspection Completed On-site |
| 05/05/2017 | Contact - Document Received Received document on resident funds. |
| 05/05/2017 | Application Complete/On-site Needed |

05/19/2017 Contact- Document Received
Received further information regarding experience.

05/22/2017 Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Covey Hill is a one level modular style home located in a rural setting. Residents will occupy the entire main floor of the home, which has a living room, kitchen with an eat in dining room, four resident bedrooms, and three full bathrooms. There is also an office area for staff in the back area of the house, which occupies one of the bathrooms. This bathroom will primarily be used for staff, but can also be used by residents in emergencies. The facility is not wheelchair accessible. The facility utilizes a private water and sewer system which was inspected and approved by the local health department on 04/12/2017.

The furnace is propane, but uses electricity for forced heating and cooling. The facility also has an electric water heater. Both the furnace and water heater are located on the main level of the home in a utility room that includes the laundry and has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, 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 | 15.5' x 12.4' | 192.2' | 2 |
| 2 | 12.4' x 11.5' | 142.6' | 1 |
| 3 | (11.3' x 11.5') + (1.1' x 5.8') | 136.33' | 1 |
| 4 | 14.7' x 11.4' | 167.6' | 2 |

The living, dining, and sitting room areas measure a total of 567.3 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 whose diagnosis is developmentally disabled, mentally ill, or traumatic brain injury in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Examples of community events, programs, and opportunities to improve social skills include, but are not limited to the following: activities at their Cardinal Club activity center, which includes holiday parties, weekly bingo nights, movie nights and crafts, trips to the library, local recreational areas, shopping centers and church. Cornerstone also gives individuals a choice when planning activities. They provide transportation to both scheduled and unscheduled outings each day. Cornerstone also encourages residents to maintain involvement with local programs and volunteer agencies such as the humane society. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Community Mental Health Agencies or private pay individuals as a referral source.

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 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 Cornerstone II, Inc., which is a For Profit Corporation established in Michigan, on 10/07/2002. 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 appointed Traci Hernandez as licensee designee and Amber Hernandez-Bunce as the administrator. Ms. Hernandez and Ms. Hernandez-Bunce both have extensive experience providing adult foster care to mentally ill, developmentally disabled, traumatic brain injury, and physically handicapped adults and both satisfy the qualifications and training requirements identified in the administrative group home rules. Starting in the 1980's, Ms. Hernandez began working in the health care industry as a nurse's aide where her passion caring for vulnerable adults started to grow. In 1996 she and her husband started Hernandez family group home out of their personal

residence. In 2001 they opened their first small group home and became a specialized residential provider with their first traumatically brain injured adult. Ms. Hernandez has over twenty years of experience caring for vulnerable adults and sixteen years as a specialized provider. Cornerstone/Hernandez Home AFC, Inc. now services approximately 75 individuals with mental illness, developmental disabilities, traumatic brain injuries or dual diagnosis.

Ms. Hernandez-Bunce also has extensive history with adult foster care with almost 20 years of experience. Her experience started at 15 years old when she began helping her parents run their adult foster care family home in which she resided. She then studied psychology in college and will be obtaining her MBA in Health Care Management in 2017. She started working at Cornerstone in 2004 and started shadowing Ms. Hernandez soon after. She has been working in administration and direct care since 2012 and continues to take advanced trainings to stay abreast on this vulnerable population.

A criminal history check was conducted and determined that Ms. Hernandez and Ms. Hernandez-Bunce is of good moral character and eligible for employment in a licensed adult foster care facility. Ms. Hernandez and Ms. Hernandez-Bunce both submitted a statements from a physician documenting their good health and current TB tests showed 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 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. 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 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 6).



05/22/2017

Cathy Cushman
Licensing Consultant

Date

Approved By:



05/22/2017

Dawn N. Timm
Area Manager

Date