



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 1, 2017

Paula Reames
2330 Riverwood Drive
Twin Lake, MI 49457

RE: Application #:	AS610385533 Families Manor 2330 Riverwood Dr. Twin Lake, MI 49457
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Dear Ms. Reames:

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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS610385533
Applicant Name:	Paula Reames
Applicant Address:	2330 Riverwood Drive Twin Lake, MI 49457
Applicant Telephone #:	(231) 206-0358
Administrator/Licensee Designee:	Paula Reames
Name of Facility:	Families Manor
Facility Address:	2330 Riverwood Dr. Twin Lake, MI 49457
Facility Telephone #:	(231) 206-0358
Application Date:	11/07/2016
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

11/07/2016	Enrollment
11/14/2016	Inspection Report Requested - Health 1026349
11/14/2016	Contact - Document Sent Rule & ACT Books
11/14/2016	Application Incomplete Letter Sent FCL prints/RI 030 for Paula Reames
11/28/2016	Inspection Completed-Environmental Health : B
12/06/2016	Contact - Document Received FCL Prints/RI 030 for Paula Reames
12/06/2016	File Transferred To Field Office Grand Rapids
12/13/2016	Application Incomplete Letter Sent
12/13/2016	Contact - Document Sent Paula Reames, examples of admission policy, d/c policy etc.
12/28/2016	Contact - Telephone call received Applicant, discussed paperwork needed to complete file.
02/17/2017	Contact - Document Received Received letter from Applicant sent to her by EH Inspector, Rebecca Hook re: EH report. Applicant needs new well/septic.
02/21/2017	Contact - Telephone call made Rebecca Hook, Environmental Health
02/21/2017	Inspection Completed On-site
02/21/2017	Inspection Completed-BCAL Sub. Compliance
02/21/2017	Contact - Document Received Documents for Small Group Home.
02/22/2017	Contact - Telephone call received Rebecca Hook, EH.
02/22/2017	Contact - Face to Face Area Manager, J. Hendrick re: EH Inspection findings.

02/22/2017	Contact - Telephone call made Applicant re: EH Inspection report, need A rating for new license.
02/22/2017	Contact - Telephone call received Applicant stated all corrections are being made and she will begin to investigate well/septic issues to see if she can resolve w/o having to completely redo entire well and septic systems.
03/03/2017	Contact - Document Sent Confirming Letter Sent.
04/15/2017	Contact-Document Received Corrective Action Plan All corrective action measures taken, completely new well and septic needed to meet EH requirements.
06/01/2017	Contact-Telephone call made Applicant-well/septic complete, new EH needed
06/08/2017	Inspection Requested-Contact made Requested new EH inspection
06/15/2017	Contact-Telephone Call Received Adam Rosema-Environmental Health Inspector
07/20/2017	Contact-Telephone Call Received Applicant re: inspection for well/septic
07/21/2017	Contact-Telephone Call Made & Document Sent Adam Rosema re: inspection
08/10/2017	Inspection Completed-Environmental Health A rating for new well/septic
08/21/2017	BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a well maintained, one story ranch style home located in a rural residential setting on a street with similar sized homes. The exterior of the home is attractively landscaped with a large front and back yard area.

The main floor of the home has six bedrooms, three full bathrooms, one of the full bathrooms is located in a resident room. The home also has a living room, kitchen,

dining room and enclosed front porch. The laundry area is located on the main floor. Exits are located off the front living room, the front bedroom area near the garage and the rear of the house off the dining room (slider) and off the kitchen (door). There is a ramp off the back two exits for wheelchair use however; the dining room slider is not non-locking against egress and would not meet the rule requirement of two approved means of egress from the first floor. In the future, the applicant may change the dining room slider to meet this rule requirement and at that time an addendum including this change will be added to the OLSR (Original Licensing Study Report). At the time this license is issued, this home is not equipped for residents who require the use of a wheelchair.

The home has a finished basement that will not be used by residents. The basement is used by the applicant/licensee/staff as additional living. The basement houses the gas furnace and hot water heater and is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the steps creating adequate floor separation. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The home utilizes a well and septic that is brand new and passed inspection as of 08/10/2017.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.25X13.92	184.44	1
2	12.66X10.08	127.61	1
3	9.33X9.92	92.55	1
4	10.50X9.0	94.50	1
5	9.25X10.92	101.01	1
6	10.50X7.92	83.16	1

The living, dining, and sitting room areas measure a total of 581 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)** female and/or male ambulatory adults or adults with ambulatory limitations who are of advanced age, developmentally disabled or mentally impaired, 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. The applicant intends to accept residents from area CMH, DHHS or private 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report, a review of the applicant's savings statement and the budget statement submitted to operate the adult foster care facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/administrator. The applicant/ administrator submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

The applicant 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 1staff -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 asleep during sleeping hours. If a resident requires awake staff, accommodations will be made to meet the residents' current needs.

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 6).



09/01/2017

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



09/01/2017

Jerry Hendrick
Area Manager

Date