



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 18, 2017

Shayne Vanblargan
Twin Lake Assisted Living
3790 E. McMillan Rd.
Twin Lake, MI 49457

RE: Application #:	AS610387285 Twin Lake Assisted Living 3790 E. McMillan Rd. Twin Lake, MI 49457
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Dear Mr. Vanblargan:

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 (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 #:	AS610387285
Licensee Name:	Twin Lake Assisted Living
Licensee Address:	3790 E. McMillan Rd. Twin Lake, MI 49457
Licensee Telephone #:	(231) 788-8609
Licensee Designee:	Shayne Vanblargan
Administrator:	Lynn Vanblargan
Name of Facility:	Twin Lake Assisted Living
Facility Address:	3790 E. McMillan Rd. Twin Lake, MI 49457
Facility Telephone #:	(231) 788-8609
Application Date:	03/08/2017
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/08/2017	On-Line Enrollment
03/13/2017	Contact - Document Sent Rule & ACT Books
03/23/2017	Contact - Document Received 1326/Fingerprint
03/23/2017	Licensing Unit file
04/12/2017	File Transferred To Field Office Grand Rapids
04/20/2017	Application Incomplete Letter Sent
06/10/2017	Contact - Document Received Lynn VanBlargan re: inspection.
06/21/2017	Contact - Document Sent Date for initial inspection.
06/23/2017	Contact - Document Received L. VanBlargan re: inspection.
07/20/2017	Contact - Document Received Email re: initial inspection.
07/25/2017	Inspection Completed On-site
07/26/2017	Inspection Completed-BCAL Sub. Compliance
08/01/2017	Contact - Document Sent Re: paneling in basement of facility.
08/01/2017	Contact - Document Sent Randy Lankford, State Fire Marshall re: basement paneling.
08/04/2017	Contact - Document Received Randy Lankford, re: Class C rating on paneling.
08/10/2017	Contact - Document Received Corrective Action Plan for Confirming Letter received.
08/11/2017	Inspection Completed On-site Verification of corrective measures.

08/28/2017	Contact - Document Received Applicant sent pics and details re: taking paneling down in basement of facility.
09/01/2017	Inspection Completed-Environmental Health : A
09/01/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This newly remodeled ranch style home is located in rural Muskegon County and has 3 resident bedrooms and 1 full bathroom specifically for resident use on the main floor of the home. A large dining room is the first room as entry is made from the front of the home followed by the kitchen and through the kitchen is the living room which runs the length of the dining and kitchen area on the north end of the home. The home is wheelchair accessible with a deck and ramp on the front of the house as well as another deck with a ramp located off the kitchen. This home has 2 approved means of egress that are equipped with ramps from the first floor. This home utilizes private water (well) and septic system.

The Timber Wolf outdoor wood furnace is located in the back of the home approximately 50 feet from the house. The hot water heater is located in the basement 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 stairs. The basement area of the home will not be used for resident activities and no residents will reside in the lower level of this home. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, 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	10X10	100	1
2	10X10	100	1
3	12X17	204	2

The living, dining, and sitting room areas measure a total of 462 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 **four (4)** 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 **four** (4) male or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled, aged 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 Muskegon and/or area County-DHHS, Muskegon and/or area County CMH, 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 transportation for program and medical needs if documented on the Resident Care Agreement and agreed upon by the resident and/or the resident's designated representative and the responsible agency. 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 Twin Lake Assisted Living, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 06/01/2016. 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 members of Twin Lake Assisted Living, L.L.C. have submitted documentation appointing Shayne Vanblargan as Licensee Designee for this facility and Lynn Vanblargan as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant/licensee designee and the administrator. The applicant/ 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 applicant/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 4 bed facility is adequate and includes a minimum of 1 staff -to- 4 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 not 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.

**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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 4).



09/14/2017

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



09/18/2017

Jerry Hendrick
Area Manager

Date