



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 18, 2017

Dorothea Wilson  
The Lighthouse-Traverse City LLC  
4040 Beacon St  
Kingsley, MI 49649

RE: Application #: AS280391131  
Thunder Bay  
4032 Beacon St, Unit 12  
Kingsley, MI 49649

Dear Ms. Wilson:

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 2 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) 356-0183.

Sincerely,

A handwritten signature in purple ink that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4942

enclosure

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

**I. IDENTIFYING INFORMATION**

|                               |                                                                                                                         |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>License Application #:</b> | AS280391131                                                                                                             |
| <b>Applicant Name:</b>        | The Lighthouse-Traverse City LLC                                                                                        |
| <b>Applicant Address:</b>     | 1655 East Caro Road<br>Caro, MI 48723                                                                                   |
| <b>Applicant Telephone #:</b> | (231) 263-1350                                                                                                          |
| <b>Administrator:</b>         | Dorothea Wilson                                                                                                         |
| <b>Licensee Designee:</b>     | Rebecca Nofke                                                                                                           |
| <b>Name of Facility:</b>      | Thunder Bay                                                                                                             |
| <b>Facility Address:</b>      | 4032 Beacon St, Unit 12<br>Kingsley, MI 49649                                                                           |
| <b>Facility Telephone #:</b>  | (231) 263-1350                                                                                                          |
| <b>Capacity:</b>              | 2                                                                                                                       |
| <b>Program Type:</b>          | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>TRAUMATICALLY BRAIN INJURED<br>ALZHEIMERS |

## II. METHODOLOGY

|            |                                           |
|------------|-------------------------------------------|
| 10/19/2017 | Enrollment                                |
| 10/26/2017 | Application Incomplete Letter Sent        |
| 10/30/2017 | Inspection Completed-Env. Health: A       |
| 11/02/2017 | Application Incomplete Letter Sent        |
| 11/29/2017 | Application Incomplete Letter Sent        |
| 12/13/2017 | Application Complete/On-site Needed       |
| 12/13/2017 | Inspection Completed-BCAL Full Compliance |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Thunder Bay is a single story building located on the campus of the Lighthouse - Traverse City, LLC. This is a newly constructed single story framed building that is attached to the Lighthouse Therapy Center through a hallway. The facility consists of a two resident bedrooms, kitchen, dining room, living room and a full bathroom. Thunder Bay is completely wheelchair accessible. Medical facilities, community based services and shopping can be accessed 12 miles away in Traverse City.

Thunder Bay is built on a cement slab. Each unit has independent heat and air conditioning. The facility has two separate means of egress to the outside. The furnace and hot water heater are located in a room that has a 1 hour fire resistance rating with a fire door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with a water sprinkling system.

The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

The facility has a private water and sewer system. On 10/30/2017 the home was inspected by the Grand Traverse County Health Department 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         | 12x16           | 192                  | 1                   |
| 2         | 13 x 15         | 195                  | 1                   |

The living, dining, and sitting room areas measure a total of 187 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 two 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 2 male or female ambulatory or non-ambulatory adults who are aged or who are diagnosed with a mental illness, a developmental disability, a physical handicap, those diagnosed with traumatic brain injuries, those diagnosed with Alzheimer's disease in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the residents person centered plan.

Programs for the Physically Handicapped will include will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

Programs for the Traumatically Brain Injured will include services of physical and occupational therapists, nursing specialists, life skills trainers, speech and language pathologists, education specialists, therapeutic recreational specialists and neuropsychologists.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

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 including libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is The Lighthouse –Traverse City LLC which is a for profit “Limited Liability Company” established in Michigan on December 2, 2005. 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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant’s credit report and the budget statement submitted to operate the adult foster care facility.

The Board of Directors of Lighthouse-Traverse City, L.L.C. has submitted documentation appointing Rebecca Noffke as Licensee Designee for this facility and Dorothea Wilson as the Administrator of the facility.

A criminal history background check was conducted for the Licensee Designee and administrator. They have been determined to be of good moral character. The Licensee Designee and administrator submitted a statement from a physician documenting their 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 1 bed facility is adequate and includes a minimum of 1 staff -to- 2 residents per shift. All staff shall 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 facilities 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 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](http://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 residents' personal money transactions that have been agreed to be managed by the applicant.

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 temporary license to this AFC adult small group home.



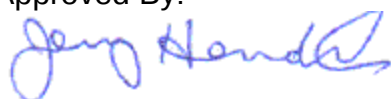
12/18/2017

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Rhonda Richards  
Licensing Consultant

Date

Approved By:



12/18/2017

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Jerry Hendrick  
Area Manager

Date