



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 11, 2018

Deanna Felsk
3821 S 39 Road
Cadillac, MI 49601

RE: Application #: AF830390264
Northern Roots Assisted Living
3821 S 39 Road
Cadillac, MI 49601

Dear Ms. Felsk:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AF830390264
Licensee Name:	Deanna Felsk
Licensee Address:	3821 S 39 Road Cadillac, MI 49601
Licensee Telephone #:	(231) 429-2037
Administrator:	N/A
Licensee Designee:	N/A
Name of Facility:	Northern Roots Assisted Living
Facility Address:	3821 S 39 Road Cadillac, MI 49601
Facility Telephone #:	(231) 715-6236
Application Date:	09/04/2017
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

09/04/2017	On-Line Enrollment
09/05/2017	Application Incomplete Letter Sent needs 1326's
09/20/2017	Inspection Completed-Env. Health : A 1027366
09/28/2017	Application Incomplete Letter Sent needs 1326's
10/30/2017	Application Incomplete Letter Sent
12/27/2017	Contact - Telephone call made Spoke to applicant and responsible person.
01/03/2018	Contact - Document Received Received follow up email from applicant.
01/04/2018	Contact - Telephone call received Confirmed with applicant the date for onsite at 1/8/2018.
01/08/2018	Inspection Completed On-site
01/08/2018	Inspection Completed-BCAL Full Compliance
01/09/2018	Application Complete/OFS Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a ranch style home located in the rural city of Cadillac, Michigan. The home is located in a quiet and secluded area, off of a country road. Although the home is located in a rural area, it is in close proximity to medical care facilities, physician offices, senior centers, and a public transit system. The home has two decks, one located at the front entrance of the home and one located at the back entrance of the home, both accessible to residents. The front entrance to the home is equipped with a wheelchair ramp from the first floor of the home. The home has a main level, which is split into a resident area and non-resident area. The resident area consists of a large family room, a kitchen, dining area, four bedrooms, and two full bathrooms. The non-resident side of the home is designated for the applicant and household members and consists of two bedrooms, one office, two full bathrooms, dining area, and kitchen.

Upon entering the home from the front entrance, the resident living room is the first room entered. To the left-side of the living room is one full bathroom that is accessible to residents. Directly passed the living room is the kitchen and dining area, designated for resident use. To the left of the living room is a long hallway that leads to the four resident bedrooms, two private and two semi-private, and one full bathroom. To the right of the dining room and kitchen area are two double doors that lead to the non-resident side of the home, which is where the applicant and household members reside. The right side of the home, passed the double doors, is not accessible to residents. The home has an unfinished basement that is also not accessible to residents.

The home is wheelchair accessible and has one approved means of egress that is equipped with a ramp from the first floor. The home utilizes a private water supply and sewage disposal system which was inspected and found to be in substantial compliance with applicable rules on 09/20/2017.

The home utilizes natural gas and the water heater and furnace are located in the basement of the home. The door that separates the main level of the home from the basement of the home is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational on the main floor of the home, in the basement, and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	6' 6" x 13' 5"	94	1
2	13' 4" x 6' 6" x 2' 4" x 8' 1"	90	1
3	13' 6" x 11' 5"	143	2
4	11' 4" x 13' 6"	143	2

The indoor living and dining areas measure a total of 316 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant Deanna Felsk intends to provide 24-hour supervision, protection and personal care to six male or female residents who are aged. The program is intended to assist the elderly, age 55 and older, with all aspects of daily living while also providing a safe, comfortable, and socially stimulating environment. The applicant intends to accept referrals from Wexford County DHS, Northern Lakes Community Mental Health, Veterans Administration as well as residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the local senior centers, movie theatres, city parks, in addition to various other community resources identified by residents and/or guardians as part of each resident's written assessment plan. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant Deanna Felsk, responsible person, and household member Joel Felsk, were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant Deanna Felsk has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant Deanna Felsk acknowledged the requirement that the licensee of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant Deanna Felsk acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant Deanna Felsk acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant Deanna Felsk acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant Deanna Felsk acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 Deanna Felsk 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 Deanna Felsk acknowledged the responsibility to obtain the required 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/as needed basis.

The applicant Deanna Felsk acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant Deanna Felsk acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant Deanna Felsk acknowledged 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(s).

The applicant Deanna Felsk acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant indicated intent to respect and safeguard these resident rights.

The applicant Deanna Felsk acknowledged 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 issuing a discharge before a 30-day written discharge notice.

The applicant Deanna Felsk acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home with a capacity of six (6) residents.



1/9/2018

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



01/11/2018

Dawn N. Timm
Area Manager

Date