



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 15, 2018

Samantha Rush
RKM Company
P.O. Box 691
Alma, MI 48801

RE: Application #: AM290387395
Saint Louis AFC
103 W. Tyrell St.
St. Louis, MI 48880

Dear Ms. Rush:

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 12 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 "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AM290387395
Licensee Name:	RKM Company
Licensee Address:	103 W. Tyrell St. St. Louis, MI 48880
Licensee Telephone #:	(989) 681-8418
Administrator:	Samantha Rush
Licensee Designee:	Samantha Rush
Name of Facility:	Saint Louis AFC
Facility Address:	103 W. Tyrell St. St. Louis, MI 48880
Facility Telephone #:	(989) 681-8148 03/13/2017
Application Date:	
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/13/2017	On-Line Enrollment
03/21/2017	Contact - Document Sent Rule & Act booklets
03/21/2017	Application Incomplete Letter Sent Valid corp; rec cl for Samantha (LD) & rec cl for admin
03/21/2017	Comment Per consultant & area mgr, inspections are ok to use - see AM290363975
06/06/2017	Inspection Completed-Fire Safety : A
09/13/2017	Contact - Document Received 1326 from Samantha LD/Admin
09/13/2017	File Transferred To Field Office Lansing
10/09/2017	Application Incomplete Letter Sent
02/09/2018	Inspection Completed On-site
02/09/2018	Inspection Completed-Env. Health: A
02/09/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Saint Louis AFC, is an older, aluminum sided, two-story facility located one block from downtown St. Louis, Michigan. The facility has a detached three car garage and a large parking space for visitors and staff members. On the main floor of the facility there are five resident bedrooms, three full bathrooms, one half-bathroom, kitchen, dining/activity

area, living area, sitting room, utility room, and a second sitting area off of the main entrance. The facility is not wheelchair accessible and cannot accommodate residents who utilize walkers or wheelchairs to assist with mobility. The second floor of the facility is designated for Licensee's family-household member use only and has two bedrooms, staff office, kitchenette, and full bathroom. The facility also has an unfinished basement with is used for storage and houses the furnace and water heater. The facility utilizes the public water and public sewage disposal system.

The facility has a natural gas furnace which is located in the basement of the facility along with the water heater. Floor separation is created by a 1-3/4 inch solid wood core door that is equipped with an automatic self-closing device and positive latching door 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. Fire extinguishers were observed on each level of the facility. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. The Bureau of Fire Services inspected the facility on 06/06/2017 and full approval was granted at that time.

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

Bedroom#	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	15'6" x 9'4" + 12'0" x 8'10" + 10'0" x 7'0"	145'+105'+ 70'= 315 square feet	4 resident beds
Bedroom #2	11'7" x 7'0"	81 square feet	1 resident bed
Bedroom #3	9'5" x 7'8"	72 square feet	1 resident bed
Bedroom #4	18'6" x 14'8"	271 square feet	3 resident beds
Bedroom #5	17'8" x 9'9"	172 square feet	2 resident beds
Bedroom #6	10'6" x 11'2"	117 square feet	1 resident bed
Living Area	14'7" x 13'0"	190 square feet	
Sitting Area #1	7'9" x 8'8"	67 square feet	
Dining/Activity Area	11'7" x 12'0"	139 square feet	
Sitting Area #2	8'6" x 4'10"	41 square feet	

The address of this facility has been continuously licensed since the effective date of the rules thus allowing for the opportunity of multi-occupancy bedrooms. It is the licensee's responsibility to assure that the resident and/or his or her designated representative has agreed, in writing, to continue to reside in a multi-occupancy room, that the facility is in compliance with all state fire safety and environmental health

standards, and the multi-occupancy bedroom provides not less than 70 square feet of usable floor space per bed.

The indoor living and dining areas measure a total of 437 square feet of living space. This meets the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 12 male and female residents who are either aged and/or diagnosed with a chronic mentally illness and/or a developmentally disability. Prospective residents must have minimal personal care needs and not require assistance with mobility, such as the use of walker or wheelchair, because the facility is not wheelchair accessible. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills. The licensee also plans to explore the opportunity for resident involvement in day programs and/or job training and employment. The applicant intends to accept referrals from Gratiot County DHHS, Gratiot County CMH, or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public library, local shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is RKM Company, a "Domestic Nonprofit Corporation", established in Michigan on 05/23/2017. The applicant is currently administering the facility under Rush Family AFC, L.L.C., "Domestic Limited Liability Company". 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 is leasing the facility and the following documents, a right to occupy and permission to inspect, have been provided. Consequently, there are residents in place at this time and pre-existing relationships are in place with Gratiot CMH to aide in future placements.

The members of RKM Company, have submitted documentation appointing

Samantha Rush as licensee designee and administrator for this facility. A criminal history background check of Samantha Rush was completed on 07/31/2014 and she was determined to be of good moral character to provide licensed adult foster care. Samantha Rush submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Samantha Rush provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Samantha Rush is currently the licensee designee and administrator for Main St. AFC, the currently licensed facility. Ms. Rush has worked in this capacity for the past three years and works directly with residents who have diagnoses of aged, mental illness and/or developmental disabilities. Prior to her current employment, Samantha Rush was employed as the home manager in two other licensed AFC facilities totaling twelve additional years of experience. Those employment opportunities also involved interaction with residents diagnosed with mental illness, developmental disability and/or aged.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of one staff for twelve residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will not be awake during sleeping hours, but understands the need to change this as the needs of the residents change. If staff is needed during sleeping hours, residents will have access to a door bell at the bottom of the stairway that rings into the staffs sleeping quarters.

The applicant acknowledged 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. 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 acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge 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 basis or as needed.

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

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights. The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 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 six-month temporary license to this adult foster care family home with a capacity of twelve residents.

Bridget Vermeesch

02/15/2018

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

02/15/2018

Dawn N. Timm
Area Manager

Date