



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 6, 2018

Johnny Welsh
CC's Villa LLC
41 W. Lorraine St.
Peck, MI 48466

RE: Application #: AS760391684
CC's Villa
41 W. Lorraine
Peck, MI 48466

Dear Mr. Welsh:

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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS760391684
Applicant Name:	CC's Villa LLC
Applicant Address:	41 W. Lorraine St. Peck, MI 48466
Applicant Telephone #:	(810) 378-5550
Administrator:	Arica Chaney
Licensee Designee:	Johnny Welsh
Name of Facility:	CC's Villa
Facility Address:	41 W. Lorraine Peck, MI 48466
Facility Telephone #:	(810) 378-5550
Application Date:	11/21/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

11/21/2017	Enrollment
12/11/2017	Application Incomplete Letter Sent Fp's & RI-030 for Johnny, 1326 for Johnny & admin
01/03/2018	Contact - Document Received Fp's & 1326
01/04/2018	File Transferred To Field Office Saginaw
01/22/2018	Application Incomplete Letter Sent
06/29/2018	Inspection Completed-BCAL Sub. Compliance
07/02/2018	Contact - Document Received Received 1326A and Medical Clearance for responsible person
07/05/2018	Contact - Document Received Received Medical Clearance for Licensee Johnny Welsh
07/06/2018	Contact - Document Received Received pictures of fire door installed
07/06/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

CC's Villa is owned by Licensee Johnny Welsh and is located in the Village of Peck, Michigan. CC's Villa was a church that has been converted into a one story six-bedroom home. The facility is situated on a corner lot within the Village of Peck and has central air conditioning. CC's Villa contains two bathrooms, a shower room, dining room, living room, kitchen, and six-bedrooms. This will allow six residents to occupy their own private rooms.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. A new fire door was just installed that has a self-closing device. 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 furnace was inspected and determined to be fully operational on February 15, 2018. An electrical inspection was completed on February 15, 2018 and was approved.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	11'7" X 12'6"	147.42 sq. feet	1
#2	10' X 10'	100 sq. feet	1
#3	11' 7" X 12' 7"	148.59 sq. feet	1
#4	10' 10'5"	105 sq. feet	1
#5	11'7" X 12'7"	148.59 sq. feet	1
#6	10'10" X 10'5"	106.05 sq. feet	1

The living, dining, and sitting room areas measure a total of 310.75 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This home is not wheelchair accessible.

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)** male or female ambulatory adults, ages 21 and above, whose diagnosis is developmentally disabled, aged or physically handicapped in the least restrictive environment possible. Wheelchair users will not be accepted. 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. Residents will be referred from Community Mental Health Authority, hospitals, and nursing homes.

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 is CC's Villa, L.L.C., which is a Domestic Limited Liability Company, was established in Michigan, on 10/31/2017. 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 Board of Directors of CC's Villa, L.L.C. has submitted documentation appointing Johnny Welsh as Licensee Designee for this facility and Arica Chaney as the Administrator of the facility.

A licensing record clearance request was completed for the licensee designee and the administrator. The 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 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 six-bed facility is adequate and includes a minimum of one staff –to-six residents per shift, depending on the needs of the residents. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training 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.identogo.com) (Formerly L-1 Enrollment, by Morpho Trust), and the related documents required to be maintained in each employees' 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 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 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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. In addition, 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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 (capacity 1-6).

Kathryn A. Huber

07/06/2018

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary E. Holton

07/06/2018

Mary E Holton
Area Manager

Date