



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 12, 2018

Kerry Dack
Homecrest Manor, LLC
PO Box 622
Leslie, MI 49251

RE: Application #: AL330391868
Homecrest Manor
412 N. Main Street
Leslie, MI 49251

Dear Mr. Dack:

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 20 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 "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AL330391868

Applicant Name: Homecrest Manor, LLC

Applicant Address: 412 N. Main Street
Leslie, MI 49251

Applicant Telephone #: (517) 589-8259

Licensee Designee: Kerry Dack & Georgianna Dack

Administrator: Kerry Dack

Name of Facility: Homecrest Manor

Facility Address: 412 N. Main Street
Leslie, MI 49251

Facility Telephone #: (517) 589-8259
11/30/2017

Application Date:

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODOLOGY

05/09/2017	Inspection Completed-Fire Safety : A See AL330073002
11/30/2017	Enrollment
12/21/2017	Contact - Document Sent Rule & Act booklets
12/21/2017	Application Incomplete Letter Sent Rec cl's for Georgiana (LD) & Kerry (Admin)
01/03/2018	Contact - Document Received
01/26/2018	Application Incomplete Letter Sent
03/21/2018	Application Complete/On-site Needed
03/23/2018	Inspection Completed On-site
05/18/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Homecrest Manor is a large, ranch style facility located in a small, rural city of Leslie, Michigan. The home was previously licensed on September 21, 1996 as Homecrest Manor, under Georgiana and Kerry Dack as Licensees (License Number AL330073002). The facility is in a building adjoined with another business, Uniquely-U Salon. The salon is physically isolated from the adult foster care portion of the building.

The main floor of the facility has two living room areas, a visiting foyer, dining room, kitchen, four bathrooms (two full and two half bathrooms), sixteen single-occupancy resident bedrooms and one bedroom for four residents. The home is wheelchair accessible and has at least one approved means of egress that is equipped with a ramp from the first floor and another exit that is at grade. The home has a finished basement and is not accessible to residents. There are three gas furnaces and three water heaters are located in the basement of the home, which is equipped with a 1-3/4 inch solid wood 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 March 13, 2018, the facility was determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'3" x 11'2"	103.29 square feet	1
2	9' x 11'2"	100.5 square feet	1
3	9' x 11'2"	100.5 square feet	1
4	9'4" x 11'2"	104.22 square feet	1
5	13'9" x 25'	343.75 square feet	4
6	9'6" x 8'8"	82.33 square feet	1
7	7'6" x 11'	82.5 square feet	1
8	9'6" x 11'6"	109.25 square feet	1
9	11'2" x 11'5"	127.48 square feet	1
10	10'6" x 11'3"	118.13 square feet	1
11	10'6" x 11'3"	118.13 square feet	1
12	10'8" x 11'2"	119.11 square feet	1
13	9'6" x 11'2"	106.08 square feet	1
14	9'9" x 10'	97.5 square feet	1
15	9'9" x 10'	97.5 square feet	1
16	9'3" x 11'3"	104.06 square feet	1
17	9'9" x 9'9"	95.06 square feet	1
Living Room #1	15'3" x 15'9"	240.19 square feet	
Living Room #2	13'3" x 15'3"	202.06 square feet	
Dining Room	11'2" x 23'5"	261.49 square feet	

The indoor living and dining areas measure a total of 703.74 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

The licensee has requested and been approved for a variance for Rule 400.15407(4), which states "A home shall have a minimum of 1 toilet, 1, lavatory, and 1 bathing facility for every 8 occupants of the home. The facility operated with the same variance under the previous license number.

The licensee has requested and been approved for a variance for Rule 400.15410(5), which states that "a licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials, the use of a water bed is not prohibited by this rule." The facility has a resident who has a signed medical order from a licensed physician that allows the resident to sleep in a recliner and remove the bed.

Bedroom #5 is a multioccupancy room with four residents. The facility is in compliance with Rule 400.15409(5) which states “a maximum of 4 beds shall be allowed in any multioccupancy bedroom for those licensees and homes that were licensed on the effective date of these rules and that have had licenses in continuous effect. The licensee has provided letters from the current residents and/or designated representatives agreeing to remain in this multioccupancy room.

Based on the above information, this facility can accommodate 20 residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

Homecrest Manor, LLC intends to provide 24-hour supervision, protection and personal care to 20 male and female residents who are aged, physically handicapped, developmentally disabled, or who have Alzheimer’s Disease or related conditions. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment, and transportation. The applicant intends to accept referrals from Department of Health and Human Services, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties 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 library, parks, churches, shopping centers, grocery stores, and bowling alley. These resources provide an environment to enhance the quality of life and increase the independence, if applicable of residents.

C. Applicant and Administrator Qualifications`

The applicant is Homecrest Manor, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on December 12, 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 members of Homecrest Manor, L.L.C. have submitted documentation appointing Kerry Dack and Georgiana Dack as licensee designee for this facility and Kerry Dack as the administrator of the facility.

Criminal history background checks of the applicants and administrator were completed and they were determined to be of good moral character to provide licensed adult foster

care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The members of Homecrest Manor, L.L.C. have operated as Licensee and Administrator for Homecrest Manor since September 21, 1996 (License Number AL330073002) and have worked with all population groups since the inception of their license.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of two staff for 20 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 applicants have indicated that direct care staff will not be awake during sleeping hours.

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 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.

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 temporary license to this AFC adult large group home with a capacity of twenty residents.

 06/26/2018

Derrick Britton
Licensing Consultant

Date

Approved By:

 07/12/2018

Dawn N. Timm
Area Manager

Date