



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 11, 2018

Richard Maher  
Gogebic CMH Svs Board  
103 W Us2  
Wakefield, MI 49968

RE: Application #: AM270389089  
Ayer St. Home  
778 E. Ayer St.  
Ironwood, MI 49938

Dear Mr. Maher:

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 8 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant  
Bureau of Community and Health Systems  
234 West Baraga  
Marquette, MI 49855  
(906) 280-2519

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AM270389089
<b>Licensee Name:</b>	Gogebic CMH Svs Board
<b>Licensee Address:</b>	103 W Us2 Wakefield, MI 49968
<b>Licensee Telephone #:</b>	(906) 229-6100
<b>Administrator/Licensee Designee:</b>	Richard Maher
<b>Name of Facility:</b>	Ayer St. Home
<b>Facility Address:</b>	778 E. Ayer St. Ironwood, MI 49938
<b>Facility Telephone #:</b>	(906) 932-5050
<b>Application Date:</b>	06/28/2017
<b>Capacity:</b>	8
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

06/28/2017	On-Line Enrollment
06/29/2017	Application Incomplete Letter Sent needs updated 1326 for Richard Maher
06/29/2017	Application Complete/On-site Needed
04/11/2018	Inspection Completed On-site Construction site.
05/01/2018	Zoning Letter Sent - 1557 Zoning approval letter received.
07/08/2018	Inspection Report Requested - Fire
08/06/2018	Contact - Document Received Policies received.
08/13/2018	Contact - Document Received Plan review received.
10/04/2018	Inspection Completed-Fire Safety : A
10/09/2018	Inspection Completed-Env. Health : A
10/09/2018	Inspection Completed-BCAL Full Compliance
10/22/2018	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is a new construct, wood-framed, single story home (set on a full poured basement), located in the city of Ironwood. The property sits in a beautiful, secluded setting, but is in close proximity to schools, parks, service provider organizations, medical resources, and shopping areas. The home is owned by the Gogebic County Community Mental Health. A copy of the conveyance deed is maintained in the file.

The single-story home has 2521 square feet and is fully handicapped accessible. There are 4 approved bedrooms. The home has a large kitchen and combined dining area. There is a large living room/recreational room available for resident use. There are 2 large resident bathrooms all which have shower/tub facilities. There a large outdoor

covered deck area and large yard available for resident use. The home is very neat, clean and comfortably furnished. This home is wheelchair accessible.

The bedrooms have the following dimensions:

Bedroom #1	192 sq. ft.	Approved capacity 2
Bedroom #2	207 sq. ft.	Approved capacity 2
Bedroom #3	234 sq. ft.	Approved capacity 2
Bedroom #4	205 sq. ft.	Approved capacity 2

The home has the square footage necessary to accommodate up to 8 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home was issued a final fire safety approval on 10/04/2018 by the Bureau of Fire Safety. The home is serviced by municipal water and sewage. A final internal environmental inspection was completed by this consultant on 10/09/2018.

## **B. Program Description**

The facility proposes to serve both male and female adults (18 years and older) that are Aged, Physically Handicapped, Developmentally Disabled, and/or Mentally Ill. The admission policy, program statements, discharge policy, refund policy, personnel policies, and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults, and to promote each individual in maintaining an active and enjoyable life.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence program and community agencies. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

### **C. Licensee and Administrator Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Rich Maher, the licensee/administrator. Mr. Maher submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Mr. Maher has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 8-bed facility is adequate and includes a minimum of 2 staff per 8 residents on the awake-shift and 2 staff to 8 residents during the sleep shift.

The licensee acknowledged 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged 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 the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

**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 medium group home (capacity 8).



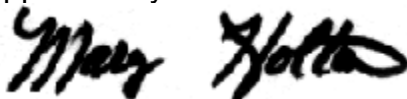
10/11/2018

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Theresa Norton  
Licensing Consultant

Date

Approved By:



10/11/2018

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Area Manager

Date