



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 28, 2018

Gloria Mitzelfeld
LADD, Inc.
300 Whitney Dr.
Dowagiac, MI 49047

RE: Application #: AS130393619
Verona
15700 Verona Road
Marshall, MI 49068

Dear Ms. Mitzelfeld:

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 black ink that reads "Karen Hodge".

Karen Hodge, Licensing Consultant
Bureau of Community and Health Systems
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS130393619

Applicant Name: LADD, Inc.

Applicant Address: 8054 Ortonville Rd
Clarkston, MI 48348

Applicant Telephone #: (517) 795-4010

Licensee Designee: Gloria Mitzelfeld

Administrator: Julia Jeffries

Name of Facility: Verona

Facility Address: 15700 Verona Road
Marshall, MI 49068

Facility Telephone #: (269) 782-0654

Application Date: 04/16/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

04/16/2018	Enrollment
04/16/2018	Inspection Report Requested - Health 1028200
04/16/2018	Contact - Document Sent Rule & ACT Books
04/16/2018	Application Incomplete Letter Sent
05/04/2018	Contact - Document Received
05/11/2018	Application Incomplete Letter Sent
06/13/2018	Inspection Completed-Env. Health : A
06/13/2018	Application Complete/On-site Needed
06/25/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Verona is a single-story, wood-frame ranch home with a large unfinished basement on a large lot in a rural area in the township of Marshall, MI. The home was previously licensed as an Adult Foster Care Home for elderly residents. This property is owned by North Slope Properties, LLC which has entered into a lease agreement with LADD, Inc. The owner of the property has given permission for the home to be utilized for an adult foster care home for six residents and has given permission for inspections to take place as needed. The home has six bedrooms on the main floor for individual occupancy, two full bathrooms, and three half-bathrooms. Two bedrooms are on the north-west corner of the home; one bedroom has a half-bathroom attached for the occupant of that bedroom. There is also a full shared bath with a combination tub-shower accessible from the hallway. This wing also has an office for staff use. The south-east corner of the house has four bedrooms; two of these have a half-bath attached for the occupant of that bedroom. There is also a full bath with a shower accessible from the hallway. There is a large common living area, a dining area which will accommodate at least eight people, and a fully equipped kitchen. There is a laundry room on the main level as well. The home is wheelchair accessible as it has ramps at each of the fire exits.

The home has two gas-fired, forced air furnaces and an electric water heater which are located in the basement; the door between the basement and the main floor includes a 1-3/4-inch solid core door with an automatic self-closing device and positive latching

hardware. The home has private well water and septic systems. Inspections by the Calhoun County Public Health Department on May 29, 2018 determined the facility to be in substantial compliance with the applicable rules.

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 and was recently inspected and approved. There are ten smoke alarms, including in the basement, one in each bedroom, and one in each hallway,

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' X 11'	121	1
2	11' X 17'	187	1
3	12' X 13'	156	1
4	13' X 13'	169	1
5	15'6" X 14'	175	1
6	10'6" X 11'	115	1

The living and dining areas measure a total of 642 square feet of living space. This 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

LADD, Inc. intends to provide 24-hour supervision, protection and personal care to six male and female residents who are developmentally disabled, physically handicapped, or mentally ill. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunities for involvement in educational or day programs or employment, and transportation for all resident needs. The applicant intends to accept referrals from county mental health agencies for contracted services, particularly Summit Pointe/Calhoun County CMH. The planned staffing ratio is two staff members to six residents, and the home will have three shifts per twenty-four-hour period. LADD, Inc. operates multiple other foster care homes that are licensed and with special certification to provide care and services to the developmentally disabled and mentally ill population. They have a corporate file which contains all the required elements for staff training, financial disclosures, personnel policies, job descriptions, etc.

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 LADD, Inc. to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, public parks, 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 Living Alternatives for the Developmentally Disabled (d.b.a. LADD, Inc.) a Non-Profit Corporation, established in Michigan in 1978. 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 LADD, Inc. has submitted documentation appointing Gloria Mitzelfeld as licensee designee for this facility and Julia Jeffries as the administrator of the facility.

Criminal history background checks of the Licensee Designee and administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care. The Licensee Designee and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The Licensee Designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules; both have many years of experience with the population in licensed foster care and have been in their respective positions for a number of other licensed homes.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff for six residents per shift. LADD, Inc. acknowledged that the staff to resident ratio may need to be decreased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. LADD, Inc. has indicated that direct care staff will be awake during sleeping hours.

Ms. Mitzelfeld and Ms. Jeffries 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.

Ms. Mitzelfeld and Ms. Jeffries acknowledged an understanding of the responsibility to assess the good moral character of employees. They acknowledge and have demonstrated 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.

Ms. Jeffries 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, Ms. Jeffries 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.

Ms. Mitzelfeld and Ms. Jeffries 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, they 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.

Ms. Mitzelfeld and Ms. Jeffries acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Mitzelfeld and Ms. Jeffries 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.

Ms. Mitzelfeld and Ms. Jeffries 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.

Ms. Mitzelfeld and Ms. Jeffries acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) 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.

Ms. Mitzelfeld and Ms. Jeffries 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.

Ms. Mitzelfeld and Ms. Jeffries 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.

Ms. Mitzelfeld and Ms. Jeffries 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.

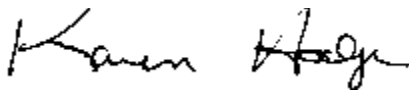
Ms. Mitzelfeld and Ms. Jeffries acknowledged that residents may only reside on the main floor of the facility.

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 a temporary license for six (6) residents be issued for this Adult Foster Care small group home.



06/28/2018

Karen Hodge
Licensing Consultant

Date

Approved By:



06/28/2018

Dawn Timm
Area Manager

Date