



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 26, 2018

David McCord and Tamara McCord
150 Auburn St
Battle Creek, MI 49014

RE: Application #: AS390388897
Sunrise Haven Assisted Living
7483 W. Q Ave
Kalamazoo, MI 49009

Dear David McCord and Tamara McCord:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 dark ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS390388897
Licensee Name:	McCord ALF LLC
Licensee Address:	7483 W. Q Ave Kalamazoo, MI 49009
Licensee Telephone #:	(269) 830-8616
Administrator:	Tamara McCord
Licensee Designee:	David McCord
Name of Facility:	Sunrise Haven
Facility Address:	7483 W. Q Ave Kalamazoo, MI 49009
Facility Telephone #:	(269) 830-8616
Application Date:	06/13/2017
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

06/13/2017	On-Line Enrollment
06/15/2017	Inspection Report Requested - Health 1027111
06/15/2017	Contact - Document Sent Rule & ACT Books
06/29/2017	Contact - Document Received 1326/Fingerprint/RI 030 for David & Tamara McCord
06/29/2017	Lic. Unit file referred for background check review
06/29/2017	Lic. Unit received background check file from review
07/05/2017	File Transferred To Field Office Lansing
07/14/2017	Application Incomplete Letter Sent
07/19/2017	Inspection Completed Environmental Health "B" rating
07/19/2018	Application Complete / Onsite Needed
07/19/2018	Inspection Completed – On-site
09/21/2018	Letter of Compliance – Well Replacement
09/21/2018	Inspection Completed – BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a single-story ranch home located in the city of Kalamazoo approximately 3.2 miles from Borgess at Woodbridge Hills and there are multiple restaurants and convenience stores, as well as several churches located within three miles of the home. There is staff and visitor parking near the front entry of the home on a paved lot and curbside parking.

On the main floor is one full bathroom, one half bath, a large living room and dining area, kitchen, and six resident bedrooms. Each of the six resident bedrooms are single, private resident bedrooms, each with a half bath while one bedroom has a full bath. The home has a basement that will not be used by residents. The entrance of the home is at ground level. A second entrance/exit located behind the home includes a wheelchair accessible ramp that extends across the length of the home to solid unobstructed ground. The home is wheelchair accessible with these 2 approved means of egress.

The facility utilizes a private water and private well system which were inspected. The Kalamazoo County Health and Community Services Department inspected the well at this facility and found it to be less than 12" above grade. It was also identified that the well for this facility is only 35 feet from a gravity sewer line. The corrective actions state that when a new well is required, the new well should be relocated to 75 feet or more from the municipal sewer line. The applicant has agreed in writing that when a new well is required at this facility, the applicant will assure the new well is in compliance with current code.

The facility is equipped with a gas water heater and gas furnace, located in the basement, which is equipped with a 1-3/4 inch solid 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

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 x 9	108	1
2	12 x 10	120	1
3	12 x 12+3 x 7	165	1
4	12 x 12	144	1
5	12 x 10	120	1
6	13 x 17+11 x 3	254	1

The indoor living and dining areas measure a total of 324 square feet of living space. This meets/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

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

The applicants intend to provide 24-hour supervision, protection and personal care to six male and female residents who are aged. The program will include assistance and supervision with activities of daily living and medication management and administration. The applicant intends to accept referrals from Senior Services, MI Choice and HAB waiver programs. The program will include music therapy, social interaction; personal adjustment, and opportunity for involvement in educational or day programs or employment.

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 those listed above. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is McCord ALF, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 11/17/2015. 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 McCord ALF, L.L.C. have submitted documentation appointing David McCord as licensee designee for this facility and Tamara McCord as the administrator of the facility.

A fingerprint background check was completed with no exclusionary findings found for David McCord and Tamara McCord. David McCord and Tamara McCord submitted a statement from a physician documenting their good health and current TB negative results.

The licensee designee and administrator have provided documentation from the Michigan Assisted Living Association and the Resident Assisted Living Associations to satisfy the qualifications and training requirements identified in the group home administrative rules. The licensee designee, Dave McCord, and administrator Tamara McCord have previous experience working as a certified nursing assistant and physical therapist assistant for more than five years with the aged population.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicants 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 be awake during sleeping hours.

The applicants 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 applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants acknowledged 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 applicants 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 licensees will administer medication to residents. In addition, the applicants have 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 applicants 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 applicants 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 applicants 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 applicants acknowledged 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 applicants 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 applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicants 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 applicants 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 applicants indicated the intent to respect and safeguard these resident rights.

The applicants 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 applicants 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 applicants 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.

I. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six residents.



09/26/2018

Eli DeLeon
Licensing Consultant

Date

Approved By:



09/26/2018

Dawn Timm
Area Manager

Date