



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 02, 2019

Stephen Williams
Unique Care Group Home Inc.
7102 Veronica St
Kalamazoo, MI 49009

RE: Application #: AS130393099
Unique Care Group Home
254 Central St.
Battle Creek, MI 49017

Dear Mr. Williams:

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 "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130393099
Applicant Name:	Unique Care Group Home Inc.
Applicant Address:	7102 Veronica St Kalamazoo, MI 49009
Applicant Telephone #:	(269) 753-4494
Licensee Designee and Administrator:	Stephen Williams
Name of Facility:	Unique Care Group Home
Facility Address:	254 Central St. Battle Creek, MI 49017
Facility Telephone #:	(269) 753-4494
Application Date:	02/28/2018
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

02/28/2018	Enrollment
03/14/2018	Application Incomplete Letter Sent. Application sent back for completion and 1326/Fingerprint/RI 030 for LD
03/22/2018	Contact - Document Received. Completed page 1 & 2 of application and RI 030/Fingerprint for Stephen Williams
03/26/2018	Contact - Document Received. 1326's for Stephen Williams and Adetoyin Williams
03/26/2018	Contact - Document Sent- Rule & ACT Books
03/26/2018	File Transferred to Field Office-Lansing
03/29/2018	Application Incomplete Letter Sent
09/10/2018	Contact – Documents Received
09/17/2018	Application Incomplete Letter Sent. Requested required Documentation before Scheduled On-site Inspection
10/15/2018	Contact - Received Requested Documents
10/24/2018	Application Complete/On-site Needed
11/20/2018	Inspection Completed-BCAL Sub. Compliance
11/27/2018	Inspection Completed-BCAL Sub. Compliance
12/18/2018	Documents Received- BCAL Full Compliance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Unique Care Group Home is a tri-level style home located in a suburban neighborhood in the City of Battle Creek. The property is owned by Unique Care Group Home, Inc.'s Resident Agent and appointed Licensee Designee Steven Williams. On file is proof of property ownership. The home's main entrance leads into a small hallway on the home's main floor. To the right of the hallway is the home's kitchen. There is an exit off the kitchen that leads to the home's two car garage. On the main floor, towards the back of the home, is a large living/dining room area. Off the living/dining room area is an exit that leads to the home's large outside patio. When the weather permits, the applicant intends for residents who are able to utilize the home's outdoor swimming pool, with staff supervision. To the left of the small hallway, located at the home's main entrance, are two small stairs cases leading to the home's second floor and lower level. Located on the home's second floor is one resident bedroom with a private bathroom and shower, two additional resident bedrooms, and a shared resident bathroom, also equipped with a shower. On the home's lower level is one resident bedroom, a large living area and a shared resident bathroom equipped with a shower. Off the home's lower level is a small stair case that leads to the home's basement. Located in the home's basement is a laundry room and storage area. The home is not handicap accessible.

An on-site inspection verified that the home is in substantial compliance with all applicable environmental health administrative rules. The home utilizes the local public water and sewage disposal system.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. On file is verification that the paneling located in the home's garage, in Resident Bedroom #4, in the lower level living room area, and in the basement have a Class 'C' fire rating. On file is verification that the ceiling tiles located in the home's basement have a fire rating of Class A. The home's gas-fired furnace and hot water heater are located in the home's basement. A 1 ¾-inch solid core door with an automatic self-closing device and positive latching hardware is located at the top of the stairs leading into the home's basement, creating floor separation. On file is documentation from a qualified inspection service verifying that the home's furnace and hot water heater have recently been inspected and are in good working condition.

The home is equipped with an interconnected multi-station smoke detection system, with battery backup, installed by a licensed electrician. On file is written verification that the system has recently been inspected and is in good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' 9 1/4" x 16' 4"	175.72	2
2	12' 1/4" X 13' 4 1/4"	160.37	2
3	9' 1 1/4" x 11' 11 1/2"	101.58	1
4	13' 6 1/4" x 9' 1 3/4"	123.69	1

The indoor resident living and dining room areas measure a total of 805.8 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 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are aged. According to their program statement, the home intends to provide services to residents in a family-oriented environment, and to treat each resident with dignity and respect. The home will strive to aid residents in becoming as self-sufficient as possible. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, and an opportunity for involvement in educational and day programs and/or employment. The home will provide transportation in emergency situations. Additional transportation will be negotiated in residents' written resident care agreements. The applicant intends to accept referrals from Calhoun County DHHS and residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the residents' 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 public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the residents' quality of life and increase their independence.

C. Applicant and Administrator Qualifications

The applicant Unique Care Group Home, Inc. is a Domestic Profit Corporation, established in Michigan on 03/23/2018. 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 Unique Care Group Home, Inc. has submitted documentation appointing Steven Williams as licensee designee and administrator of the facility.

A Criminal history background check of the applicant was completed, and he was determined to be of good moral character to provide licensed adult foster care. The applicant submitted a statement from a physician documenting his good health and current negative tuberculosis test results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant obtained his Doctor of Physical Therapy degree from Widener University in 2008 and is currently the President and CEO of Unique Rehabilitation Services Inc. The applicant has over 25 years of experience providing physical therapy to individuals, including the geriatric population. As President and CEO, the applicant provides clinical supervision to physical therapists, physical therapist assistants and occupational therapists. The applicant's continuing education courses include management of cerebral palsy, wound management, advanced nutrition principals and strategies to optimize prehension and gait in the elderly population.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 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 applicant has indicated that direct care staff will 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 acknowledge 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 designee 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 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 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 residents' 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.

I. RECOMMENDATION

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

Michele Struter

12/21/2018

Date

Licensing Consultant

Approved By:

Dawn Jimm

01/02/2019

Date

Area Manager