



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 16, 2019

Jill Lebourdais  
North Shores Center LLC  
4424 Winterwood Drive  
Saginaw, MI 48603

RE: Application #: AS350396925  
North Shores Center  
6193 Norway Drive  
Oscoda, MI 48750

Dear Ms. Lebourdais:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
931 S Otsego Ave Ste 3  
Gaylord, MI 49735  
(989) 370-8320

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS350396925
<b>Licensee Name:</b>	North Shores Center LLC
<b>Licensee Address:</b>	4424 Winterwood Drive Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 493-1451
<b>Licensee Designee:</b>	Jill Lebourdais
<b>Administrator:</b>	Heather Delavara
<b>Name of Facility:</b>	North Shores Center
<b>Facility Address:</b>	6193 Norway Drive Oscoda, MI 48750
<b>Facility Telephone #:</b>	(989) 569-3772
<b>Application Date:</b>	10/22/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

## II. METHODOLOGY

09/05/2018	Inspection Completed-Env. Health: A
10/22/2018	On-Line Enrollment
10/23/2018	Inspection Report Requested - Health Invoice No: 1028809
10/23/2018	Contact - Document Sent Rule and act books
11/02/2018	Contact - Document Received 1326afp Jill, AFC100HEather, IRS letter
11/21/2018	Application Incomplete Letter Sent
12/12/2018	Contact - Document Received program and policy statements admin paperwork
12/12/2018	Contact - Telephone call made administrator
12/12/2018	Contact - Telephone call made health department
01/08/2019	Contact - Document Received email requesting inspection
01/15/2019	Application Complete/On-site Needed
01/15/2019	Inspection Completed On-site
01/15/2019	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch style home in the city of Oscoda with three bedrooms and three baths. There is a semi-finished basement and two car attached garage. The front living room area is used as an office. There is another living room area near the kitchen and dining area with an additional room for group activities. The home is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware

located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

On 09/05/2018 the home was inspected by the Iosco County Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'11"X15'	163	2
2	11'6"X13'6"	155	2
3	14'7"X13'2"	192	2

The living, dining, and sitting room areas measure a total of 531 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **6** 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 applicant intends to provide 24-hour supervision, protection and personal care to **6** male or female ambulatory or non-ambulatory adults who are diagnosed with a mental illness in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is North Shores Center, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 7/31/2018. 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 North Shores Center, L.L.C. has submitted documentation appointing Jill Lebourdais as Licensee Designee for this facility and Heather Delavara as the Administrator of the facility.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

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

The staffing pattern for the original license of this **6** bed facility is adequate and includes a minimum of **2** staff -to- **6** residents per shift during awake hours and **1** staff -to-**6** residents during sleeping hours. All staff shall be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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 applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), and the related documents required to be maintained in each employee record to demonstrate compliance.

The applicant acknowledges 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 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 acknowledges their 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 with residents. In addition, the applicant acknowledges 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 applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 the required forms and signatures to be completed for each resident on an annual basis.

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

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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.

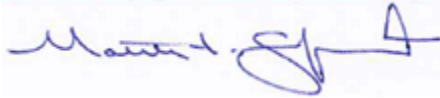
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



01/16/2019

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Matthew Soderquist  
Licensing Consultant

Date

Approved By:



01/16/2019

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Jerry Hendrick  
Area Manager

Date