



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 25, 2019

Korona Houston
Korona's Karing Hands, LLC
2501 Thornapple River Dr
Grand Rapids, MI 49546

RE: Application #: AS410395338
Pax Et Cura Of Cascade
5563 Cascade Road SE
Grand Rapids, MI 49546

Dear Ms. Houston:

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 cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410395338
Licensee Name:	Korona's Karing Hands, LLC
Licensee Address:	2501 Thornapple River Dr Grand Rapids, MI 49546
Licensee Telephone #:	(616) 541-3548
Administrator/Licensee Designee:	Korona Houston, Designee
Name of Facility:	Pax Et Cura Of Cascade
Facility Address:	5563 Cascade Road SE Grand Rapids, MI 49546
Facility Telephone #:	(616) 541-3548
Application Date:	07/19/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

07/19/2018	On-Line Enrollment
07/24/2018	Contact - Document Sent Rule & ACT Books
08/07/2018	Contact - Document Received 1326/Fingerprint/RI 030 for Korona Houston
08/07/2018	File Transferred To Field Office Grand Rapids
08/14/2018	Application Incomplete Letter Sent
12/07/2018	Application Complete/On-site Needed
12/14/2018	Inspection Report Requested-Health-Special Inspection
12/14/2018	Inspection Completed On-site
12/17/2018	Inspection Report Requested - Health
01/03/2019	Inspection Completed-Env. Health : A
12/14/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Pax et Cura of Cascade, which is located at 5563 Cascade Rd SE, Grand Rapids, Kent County, Michigan, is owned by Korona's Karing Hands, LLC. The home is a large ranch style structure with a finished lower level approved for resident use. The facility has both stone and vinyl siding and is located in a suburban area on a large wooded lot. There is an attached three-car garage that is primarily used for storage. The main floor of the facility contains two bedrooms, one full bath, one half bath, four seasons room, and a large open-concept living, dining, kitchen area. The lower level of the facility contains two bedrooms, full bathroom, therapy room, therapy pool room, and mechanical room. The main and lower levels of the facility are approved for resident use. There are handrails where required. The facility has approved wheelchair ramps at both primary means of egress. The facility is barrier free. The facility contains an operational elevator connecting the main and lower levels. This facility utilizes a private septic tank and public water supply.

The furnace is located in the attached garage of the building and is separated from the interior of the building with appropriate fire safe building materials and self-latching door.

The facility contains a fixed ventless gas fireplace located in the main level great room. The washer and dryer utilities are located on the main floor of the facility.

The hot water heater is in the lower level mechanical room of the facility and is a flameless unit. 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, which was tested upon the final inspection on 12/14/2018 and worked properly. There at least two operable A-B-C fire extinguishers attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14'6" X 14'	203	2
2	15' X 15'	225	2
3	11'6 X 12'6"	144	2
4	11'6 X 12'6"	144	2

Total Capacity: 6

The main floor living and dining room areas measure a total of 721.5 square feet of living space. The lower level therapy room and therapy pool room measure a total of 592 square feet of space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

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 **six** male and/or female adults aged 21 years and older, who may be diagnosed with a physical disability in the least restrictive environment possible. The home is fitted with approved wheelchair ramps and has 36-inch door widths to accommodate wheelchair accessibility throughout the home. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and

behavioral developmental needs. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

The facility will provide transportation to residents when needed. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

C. Rule/Statutory Violations

Korona Houston is the Licensee Designee for this home. Medical and Record Clearance requests for Ms. Houston were completed with no restrictions noted on either. Her TB-tine results were negative.

Ms. Houston 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 six-bed facility is 1-staff- to-6 residents.

The applicant acknowledges 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 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), Identogo, and the related documents required to be maintained in each employee’s 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 Ms. Houston, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges 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 applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the 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 their responsibility to obtain all of 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 applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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).

Toya Zylstra

01/25/2019

Toya Zylstra
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/25/2019

Jerry Hendrick
Area Manager

Date