



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 29, 2018

Laurie Caruso
Northpointe Behavioral Healthcare Systems
715 Pyle Drive
Kingsford, MI 49802

RE: Application #: AM360395407
Boyington Place
115 W Boyington
Iron River, MI 49935

Dear Mrs. Caruso:

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 12 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 (906) 226-4171.

Sincerely,

A handwritten signature in black ink that reads "Theresa Norton".

Theresa Norton, Licensing Consultant
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM360395407

Applicant Name: Northpointe Behavioral Healthcare Systems

Applicant Address: 715 Pyle Drive
Kingsford, MI 49802

Applicant Telephone #: (906) 774-0522

Administrator/Licensee Designee: Laurie Caruso

Name of Facility: Boyington Place

Facility Address: 115 W Boyington
Iron River, MI 49935

Facility Telephone #: (906) 265-9113

Application Date: 06/14/2018

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

06/14/2018	Enrollment
06/14/2018	Application Complete/On-site Needed
09/13/2018	Inspection Completed On-site Conducted by Consultant Laura Mohrman.
09/13/2018	Contact - Document Received Policies and floor plan documents received.
09/13/2018	Inspection Completed-BCAL Full Compliance
09/13/2018	Inspection Completed-Env. Health : A Conducted by Consultant Laura Mohrman.
09/25/2018	Inspection Completed-Fire Safety : A
11/01/2018	Contact - Telephone call made Phone call to Administrator Laurie Caruso.
11/16/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is an existing Adult Foster Care Facility (#AL360091229) and has been licensed since 01/18/2000 and is in good standing. The Licensee has chosen to reduce the licensed capacity (from 16 residents to 12 residents) in order to be in compliance with the Home and Community Based Services (HCBS) rules. There is a letter on file from Administrator Laurie Caruso requesting closure of the large group home when licensure is granted to the new medium group home.

The facility is located in the city of Iron River. It is in close proximity to schools, parks, service provider organizations, medical resources, and shopping areas. The home is owned by Northpointe Behavioral Healthcare Systems. A copy of the notarized

agreement is maintained in the file. In addition, there is a signed certificate of zoning approval maintained in the file from the City Clerk of the City of Iron River.

The large, single-story home has 6988 square feet and is fully handicapped accessible. There are 12 approved bedrooms. Each resident will have a private bedroom. The home has a large kitchen and large dining area. There 2 large living room/recreational rooms available for resident use. There are 2 large resident bathrooms all which have full shower/tub facilities. There is also a half bathroom available adjacent to the north living room area. There is a large outdoor area including a large front and back yard available for resident use. The home is very neat, clean and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	225 sq. ft.	Approved capacity 1
Bedroom #2	155 sq. ft.	Approved capacity 1
Bedroom #3	155 sq. ft.	Approved capacity 1
Bedroom #4	155 sq. ft.	Approved capacity 1
Bedroom #5	155 sq. ft.	Approved capacity 1
Bedroom #6	155 sq. ft.	Approved capacity 1
Bedroom #7	155 sq. ft.	Approved capacity 1
Bedroom #8	155 sq. ft.	Approved capacity 1
Bedroom #9	155 sq. ft.	Approved capacity 1
Bedroom #10	155 sq. ft.	Approved capacity 1
Bedroom #11	237 sq. ft.	Approved capacity 1
Bedroom #12	237 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 12 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home was issued a final fire safety approval on 09/25/2018 by the Bureau of Fire Safety. The home is serviced by municipal water and sewage. A final internal environmental inspection was completed by Consultant Laura Mohrman on 09/13/2018.

B. Program Description

The facility proposes to serve both male and female adults (18 years and older) that are Aged, Physically Handicapped, Developmentally Disabled, and/or Mentally Ill. The admission policy, program statements, discharge policy, refund policy, personnel policies, and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults, and to promote each individual in maintaining an active and enjoyable life.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence program and community agencies. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Laurie Caruso, Licensee Designee and Administrator. Ms. Caruso submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

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

The staffing pattern for this 8-bed facility is adequate and includes a minimum of 3 staff per 12 residents on the awake-shift and 2 staff to 12 residents during the sleep shift.

The licensee acknowledged 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

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

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

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

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 issuance of a temporary license to this AFC adult medium group home (capacity 12).

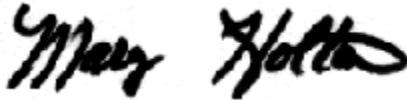


11/29/2018

Theresa Norton
Licensing Consultant

Date

Approved By:



11/29/2018

Mary E Holton
Area Manager

Date