



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 11, 2019

Barbara Freysinger
LifeSpan...A Community Service
PO Box 1978
524 North Jackson Street
Jackson, MI 49201-1978

RE: Application #: AS380389411
Hampton Drive
1218 Hampton Drive
Jackson, MI 49203

Dear Ms. Freysinger:

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 4 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS380389411

Licensee Name: LifeSpan...A Community Service

Licensee Address: PO Box 1978
524 North Jackson Street
Jackson, MI 49201-1978

Licensee Telephone #:

Administrator/Licensee Designee: Barbara Freysinger

Name of Facility: Hampton Drive

Facility Address: 1218 Hampton Drive
Jackson, MI 49203

Facility Telephone #: (517) 917-6876
07/18/2017

Application Date:

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

07/18/2017	On-Line Enrollment
07/20/2017	Contact - Document Sent Rule & Act booklets
07/20/2017	Lic. Unit file referred for background check review Barb - RS
07/20/2017	Application Incomplete Letter Sent App; rec cl's for Barb (LD) & Lisa (Admin)
07/28/2017	Contact - Document Received App; rec cl's for Barb (LD) & Lisa (Admin)
08/08/2017	Application Incomplete Letter Sent
05/23/2018	Inspection Completed-BCAL Sub. Compliance
06/05/2018	Inspection Completed On-site
12/17/2018	Contact - Document Received
12/18/2018	Inspection Completed On-site
12/18/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in a residential neighborhood in the City of Jackson. This two-story home has a basement. The facility does not meet criteria for wheelchair accessibility. The primary entrance for residents is located in the front of the facility. This entrance is equipped with a step, which leads to the porch and front door. The second identified resident exit is located in the back of the facility (east side); which is also equipped with a step and handrail.

The primary entrance opens to the hallway and a sitting room on the right. There is a craft room that can be accessed through the sitting room or from the hallway. The hallway also leads to the half-bathroom, kitchen and dining area, and the T.V. room. The attached garage is accessed from the first floor.

There are steps leading to the second floor of the facility, and Bedroom #1 and Bedroom #2 are on the right. Bedroom #2 is equipped with a full bathroom and can only be utilized by those occupants of that room. Bedroom #3, a full bathroom, and Bedroom #4 are on the left.

There are also stairs from the main floor that lead to the basement. The staff office is located in the basement. The basement also contains the boiler, the hot water heater, and the electrical panel. The door leading to the basement is a 90-minute door and is equipped with an automatic self-closing device and positive latching hardware. The facility has central air conditioning.

The facility has a gas fired water heater, which also contains a device that assures a constant hot water temperature, so that it will never exceed 120 degrees Fahrenheit.

The facility has a public water supply and sewage disposal system.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on all levels of the facility and in the required areas.

The home is equipped with a fireplace, and the applicant has documented in writing that it will not be utilized.

A private vendor will remove trash from the facility on a weekly basis.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom # 1	13'3" x 9'6"	126 sq. ft.	1
Bedroom # 2	12'7" x 13'2" + 3'6" x 10'3"	203 sq. ft.	1
Bedroom # 3	10'6" x 12'4"	129 sq. ft.	1
Bedroom # 4	12'6"x 12'3"	153 sq. ft.	1

The indoor living and living areas measure a total of 668 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 4 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 4 female ambulatory residents who are 18 years of age or older, and whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. According to the admission criteria, LifeSpan...A Community Services' "programs are designed to meet the residents' needs (social, emotional, medical, and supervision), assist them to meet their own personal goals in residential living and become valid members of our community." The program will provide a setting for the care of female adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. The applicant intends to accept individuals with Social Security, Supplemental Security Income, Community Mental Health Specialized Residential funding, and Medicaid Supplemental Payments.

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, the applicant intends to utilize local community resources, including but not limited to: attending the YMCA, wellness classes, utilizing the local walking and biking trails, shopping, games, movies, baking and donating the baked goods, and other community activities.

C. Applicant and Administrator Qualifications

The applicant is LifeSpan...A Community Service and is a "Domestic Nonprofit Corporation" which was formed on August 12, 1988. A review of this Corporation on the State of Michigan Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and that Barbara Freysinger is the Resident Agent. 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 Corporation has provided a written statement, appointing Barbara Freysinger as the licensee (designee), and Lisa Stewart as the administrator for this facility.

Criminal background checks of Barbara Freysinger and Lisa Stewart were completed, and they both were determined to be of good moral character to provide licensed adult foster care. Ms. Freysinger submitted a statement from a physician documenting her good health and current negative tuberculosis test results. Ms. Stewart also submitted documentation from the physician, attesting to her good health and current negative tuberculosis test results.

Ms. Freysinger and Ms. Stewart have both provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. They have also been trained in First Aid and CPR and provided certification of completion.

Ms. Freysinger has attended college for accounting in business. In addition, she has 38-years of work experience helping individuals in the community. She has worked for the Intermediate School District, she's been employed as a Business Manager, Director of Contracts, worked with the Supportive Living Program, and is a CARF Surveyor. Ms. Freysinger has also completed many hours of on-going trainings. Ms. Freysinger has a wealth of experience working to help individuals with mental illness and developmental disabilities to build work and socialization skills and to help them integrate into their communities.

The staffing pattern for the original license of the 4-bed facility is adequate and includes a minimum of 1 staff for 4 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 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 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 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, 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 valuable 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.

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 small group home (capacity 4 residents).

Mahtina Rubritius

12/20/2018

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

02/11/2019

Ardra Hunter
Area Manager

Date