



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 16, 2019

Curtis White
1230 Day Road
Union City, MI 49094

RE: Application #: AF120398464
Adult Assisted Lake Living
1230 Day Road
Union City, MI 49094

Dear Mr. White:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script 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 #:	AF120398464
Applicant Name:	Curtis White
Applicant Address:	1230 Day Road Union City, MI 49094
Applicant Telephone #:	(269) 352-0324
Administrator/Licensee Designee:	N/A
Name of Facility:	Adult Assisted Lake Living
Facility Address:	1230 Day Road Union City, MI 49094
Facility Telephone #:	(269) 352-0324
Application Date:	02/25/2019
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

02/25/2019	Enrollment
02/25/2019	License Unit file referred for background check review AFC 100 for DeAnna Gottschalk (Responsible Person)
02/25/2019	PSOR on Address Completed
03/19/2019	Contact - Document Received Updated FCL prints & 1326/RI 030 for Curtis White
03/19/2019	Inspection Report Requested – Health 1029227
03/19/2019	File Transferred to Field Office Jackson
04/17/2019	Inspection Completed On-site
04/22/2019	Application Incomplete Letter Sent
05/14/2019	Application Complete/On-site Needed
05/14/2019	PSOR on Address Completed
05/14/2019	Inspection Completed-BCAL Full Compliance
05/14/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This lakefront facility is located in a rural area of Union City. This bi-level style home has an upper and lower level, and both levels have the same floor plan. The applicant, Curtis White, resides on the upper level. The residents will reside on the lower walk-out level. This facility is not wheelchair accessible. The primary entrance for residents is located in the back of the facility. This entrance is equipped with a ramp/walkway. There is a deck from the lower level leading to the backyard and lake. The second identified resident exit is located in the front of the facility. The facility is also equipped with motion sensor alarms on the doors.

The primary entrance on the lower level opens to the living room, which has a lakefront view. This level also includes the dining room, kitchen, four bedrooms, and a full bathroom. Bedroom #4 also has a full bathroom. This bathroom will only be utilized by the occupants of this room.

This facility utilizes private water supply and sewage disposal systems. The facility is also equipped with a Reverse Osmosis water treatment system.

The mechanical room is located on the lower level of the home and is equipped with the heat producing equipment. The natural gas furnace and water heater are in an enclosed room with a door, which is equipped with an automatic self-closing device and positive latching hardware. Floor separation is provided between the upper and lower levels with a fire rated door, which is also equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with a battery-operated smoke detection system and is in good operating condition. The smoke detectors are located on both levels of the facility, in the sleeping areas, kitchen, and furnace areas. In addition, the facility also utilizes a wireless ADT alarm system; which is monitored by a security service.

Resident bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
Bedroom #1	15' x 10'	150	1
Bedroom #2	15' x 10'	150	1
Bedroom #3	12' x 16'	192	2
Bedroom #4	15' x 16'5"	247.5	2

The residents will have access to the common areas of the home, including the living room and dining room. The living room measures a total of 400 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The licensee occupies the upper level of the home and has a separate living space.

Based upon the information provided above, 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 6 male or female residents who are aged. Residents with early stages of dementia may be considered; however, individuals who wander cannot be accommodated. The home will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Adult Assisted Lake Living strives to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents.

The applicant intends to accept individuals with private sources of payment, Social Security, Supplemental Security Income, and Medicaid personal care.

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 such as parks, libraries and shopping centers. The facility will also have activities available in the home, including but not limited to puzzles, arts and crafts, games and music.

Transportation arrangements will be negotiated and documented in the Resident Care Agreement.

C. Applicant and Responsible Person Qualifications

A criminal history background check of Mr. Curtis White was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. White has submitted a statement from a physician documenting his good health and current negative tuberculosis test results. In addition, a criminal history background check was completed on the responsible person and she was cleared to work in an adult foster care home. The responsible person also submitted a statement from a physician documenting her good health and documentation of her current negative tuberculosis test results.

The applicant has sufficient financial resources to provide for the adequate care of the residents, as evidenced by the projected income from caring for AFC residents, along with outside income.

Mr. White has worked as a firefighter for nine years. He has a wealth of experience caring for others and is trained in First Aid and CPR. He is committed to providing all residents with outstanding care and support to help maintain their quality of life.

The applicant acknowledges the understanding that he must be an occupant of the home in order for this facility to be licensed as an Adult Foster Care Family Home.

The supervision of the residents in this family home, licensed for six residents, will be the responsibility of the family home applicant for 24 hours a day, 7 days a week. The responsible person shall be on call, and available to provide assistance to the applicant, as necessary.

The applicant has indicated that for the original license of this six (6) bed family home, there is adequate supervision with a minimum of 1 responsible person or staff for 6 residents per shift.

The applicant acknowledged their responsibility to establish the good moral character and suitability of each responsible person or volunteer; and to obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents.

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 resident information or both. The applicant was provided with information and technical assistance regarding the process of obtaining criminal history record clearances 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. In addition, the applicant has indicated that the resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer (s).

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

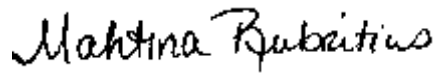
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 family home (capacity 1-6).



05/15/2019

Mahtina Rubritius
Licensing Consultant

Date

Approved By:



05/16/2019

Ardra Hunter
Area Manager

Date