



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 18, 2019

Paula Ott
Central State Community Services, Inc.
Suite 201
2603 W Wackerly Rd
Midland, MI 48640

RE: Application #: AS190398354
Webb Home
303 W. Webb Road
DeWitt, MI 48820

Dear Mrs. Ott:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS190398354

Applicant Name: Central State Community Services, Inc.

Applicant Address: Suite 201
2603 W Wackerly Rd
Midland, MI 48640

Applicant Telephone #: (989) 631-6691

Licensee Designee: Paula Ott

Administrator: Dana Marshall

Name of Facility: Webb Home

Facility Address: 303 W. Webb Road
DeWitt, MI 48820

Facility Telephone #: (517) 669-8634
02/12/2019

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

02/12/2019	Enrollment
02/15/2019	Contact - Document Sent Act booklet
02/15/2019	Application Incomplete Letter Sent IRS ltr; 1326A for Paula; AFC 100 for Dana
02/19/2019	Contact - Document Received Clr's for Paula & Dana; IRS ltr
02/19/2019	File Transferred To Field Office Lans
02/20/2019	Application Incomplete Letter Sent
02/21/2019	Contact - Document Received Received admission policy, board of directors list, budget, contract, discharge policy, medical release for Paula Ott, medical release for Dana Marshal, organizational chart, program statement, applicant and administrator training and competencies, job descriptions, and statement of income
03/01/2019	Contact - Document Received Received articles of incorporation/by laws, appointment of designated person, floor plans, standard/routine procedures, and personnel policies
03/08/2019	Contact - Document Received Received permission to inspect
05/09/2019	Inspection Completed On-site
05/09/2019	Inspection Completed-BCAL Sub. Compliance
05/29/2019	Contact - Document Received

Photographs of repaired sidewalk, exterior siding, and dry wall repair in furnace room.

05/29/2019 Corrective Action Plan Received

05/29/2019 Corrective Action Plan Approved

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Webb Home is a large, fenced in ranch style facility located on a large corner lot. The facility is located in Clinton County, in the city of DeWitt, Michigan, which is approximately a 15-minute drive from Lansing. DeWitt offers a variety of local events, festivals, sporting activities, post office, banks, library, shopping, and parks for recreational activities. The facility is approximately fourteen miles from the Lansing Mall which offers a variety of shopping, restaurants, and entertainment. Medical intervention can be obtained about eight miles from the facility at Sparrow Hospital.

The main level of the facility has four resident bedrooms, two full resident bathrooms, a dining area, kitchen, living room, laundry room and small office. There is a utility room in the garage. The facility is wheelchair accessible and has three means of egress which are all at grade and can be easily traversed in a wheelchair. Hallways and door widths inside of the facility can accommodate individuals who use a wheelchair and/or need assistance with mobility. The facility has ample parking for visitors and staff members. The home utilizes a public water supply and sewage disposal system.

The facility is equipped with an electric water heater and furnace which are located in a utility room inside the garage. The utility room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnace was inspected by Anderson Heating and Air on April 30, 2019 and found to be in good working order. At the time of the inspection the furnace and hot water heater appeared to be in good working order.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The smoke detection system was inspected by DeLau Fire Services on March 27, 2019 and found to be functioning normally. The facility is fully sprinkled. In addition, to accommodate residents who have exit-seeking behavior the facility is equipped with egress doors that can only be opened with a code, which is only known to direct care staff members. The egress doors release automatically when the fire alarm is initiated,

and the system was functioning normally as on March 27, 2019 per DeLau Fire Services.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 0" X 14' 10"	163	1
2	11' 6" X 14' 10"	171	2
3	11' 0" X 14' 10"	163	1
4	11' 11" X 14' 10"	177	2
Living Room/Dining room	21' 2" X 22' 10"	483	N/A
Sitting Room	12' 0" X 15' 11"	191	N/A

The indoor living and dining areas measure a total of 674 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six 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 six male and/or female residents who are developmentally disabled, mentally ill, or physically handicapped. The program offers visiting physicians, hospice care, home cooked meals, medication administration, recreational activities and assistance with activities of daily living. The applicant indicated staff members will be trained to accommodate residents who require special diets, are non-verbal, have seizure disorders, require assistance from two staff members for transfers, toileting, etc., display physical aggression, destroy property, or chronically exit-seek. The program includes teaching residents skills related to housekeeping, safety, communication, hygiene, toileting, and personal boundaries. The program will include opportunities to socialize with one another and staff members through activities such as bingo, coloring, reading, puzzles, watching television and enjoying the outdoors. The program will include outings to sporting events, the theater, movies, library, restaurants, zoo, circus, aquarium, as well as local activities such as high school plays and music in the park. Residents' family and friends are encouraged to visit and participate in program activities as much as possible. The applicant intends to accept referrals from Community Mental Health.

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. The facility will provide ongoing training for direct care staff members working with individuals who have been diagnosed with a

metal illness, developmental disability, or physical handicap. Direct care staff members will be trained to accommodate each resident's individual routine and preferences.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including parks, the library, aquatic center, public schools, local museums, shopping centers, and churches. These resources provide an environment to enhance the quality of life.

C. Applicant and Administrator Qualifications

The applicant is Central State Community Services, Inc., a "Non Profit Corporation", established in Michigan on October 30, 1984. 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.

Central State Community Services, Inc. has submitted documentation appointing Paula Ott as licensee designee for this facility and Dana Marshall as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed, and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Ott is a registered nurse and according to the Bureau Information Tracking System has been a licensee designee and administrator since 2017 with Central State Community Services, Inc. as Executive Director. Ms. Ott has successfully maintained the licensing rules and has kept twenty-five facilities in good standing working with residents who have been diagnosed with a developmental disability, mental illness, or physical handicap. Ms. Marshall has ten years of experience working with Central State Community Services Inc. in several different roles, including administrator working with residents diagnosed with a developmental disability, mental illness, or physical handicap. Ms. Marshall has been formally trained in gentle teaching and as a medical assistant. According to the Bureau Information Tracking System Ms. Marshall has been an administrator since 2013 and has successfully maintained the administrative rules related to licensing and kept four facilities in good standing.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff members for six residents per shift. The applicant indicated a third staff member will be present during the afternoon hours to assist with activities. The applicant acknowledged that the staff to resident ratio may need to be changed 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(s) acknowledge(s) 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 or 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 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 valuables and intends to comply. The applicant(s) 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 resident 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 (s) 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.

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

C. 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 six-month temporary license to this adult foster care group home with a capacity of six.



06/17/2019

Leslie Barner
Licensing Consultant

Date

Approved By:



06/18/2019

Dawn N. Timm
Area Manager

Date