



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 28, 2019

Denny-Van Harada
Twin Doves II LLC
48617 36th Ave.
Bangor, MI 49013

RE: Application #: AS800399685
Twin Doves II LLC
40739 80th Ave.
Decatur, MI 49045

Dear Mr. Harada:

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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------|--|
| License #: | AS800399685 |
| Licensee Name: | Twin Doves II LLC |
| Licensee Address: | 40739 80th Ave. Decatur, MI 49045 |
| Licensee Telephone #: | (616) 403-6024 |
| Administrator | Denny-Van Harada |
| Licensee Designee: | Denny-Van Harada |
| Name of Facility: | Twin Doves II LLC |
| Facility Address: | 40739 80th Ave. Decatur, MI 49045 |
| Facility Telephone #: | (269) 436-3007 |
| Application Date: | 05/13/2019 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|-------------|--|
| 05/13/2019 | On-Line Enrollment |
| 05/15/2019 | Contact - Document Received App |
| 05/28/2019 | Contact - Document Received IRS ltr; cl's for Denny-Van (LD & Admin); med cl & TB for Denny-Van |
| 07/16/2019 | Inspection Report Requested - Health Inv. #1029627 |
| 07/23/2019 | Application Incomplete Letter Sent sent via email |
| 08/20/2019 | Contact - Document Received Received program statement, floor plan, proof of ownership, projected budget, education/experience for administrator/licensee designee, admission/discharge statements, job descriptions, and emergency policies. |
| 08/26/2019 | Inspection Completed-Env. Health : A |
| 09/03/2019 | Application Complete/On-site Needed |
| 09/11/2019 | Inspection Completed On-site |
| 09/11/2019 | Inspection Completed-BCAL Sub. Compliance |
| 09/11/2019 | Contact - Document Received Received licensee designee/administrator's resume, the facility's organizational chart, letter identifying Mr. Harada as the LD/Admin, and the articles of incorporation for the organization. |
| 10/02/2019 | Contact - Document Received Received special cert app, furnace and electrical inspections. |
| 10/02/2019 | SC-Application Received - Original |
| 10/07/2019 | Contact - Document Received Received training verification for Administrator and Licensee Designee. |
| 10/16/2019 | Inspection Completed On-site |
| 10/224/2019 | Inspection Completed On-site – BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home located in rural Decatur, Michigan. The village of Decatur is located within Van Buren County and has a population of approximately 2,000 people. Despite its rural location, the facility is only a five minute drive to downtown Decatur. The facility utilizes both private water and sewage. At the time of licensure, the facility received full approval from Van Buren County Environmental Health on 08/06/2019, indicating substantial compliance with applicable rules.

The facility has a total of six bedrooms; all of which are resident bedrooms and are located on the east side of the facility. The facility does not have any non-resident bedrooms. The facility is not wheelchair accessible due to not having two approved means of egress that are equipped with ramps. The facility does have one ramp, which is located on the east side of the facility. Consequently, the facility is not able to accept residents who require the regular use a wheelchair at this time.

The facility's entrance opens into an open style dining room and kitchen. All the facility's resident bedrooms and two resident full bathrooms are located to the left of the kitchen and dining room down a hallway. The facility's one ramp is located at the emergency exit at the end of this hallway. To the right of the kitchen and dining room is a living room and designated staff area/desk. Beyond the designated staff area/desk is a large recreation/common area for residents, a small storage closet and a laundry room, as well as, an exit leading to the facility's backyard and deck.

There is a door behind the designated staff area/desk that leads to an area of the facility that will not used and/or accessible to residents. This area consists of additional storage space and leads to the facility's unfinished basement. The facility's basement will also not be used for residents. Another exit to the outside can be located through this space.

The propane furnace and electric hot water heater are located in the basement with a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The applicant provided documentation that the facility's electrical and heating/cooling systems had been inspected and are in good working order.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 9' x 11' | 99 sq. ft. | 1 |
| 2 | 11' x 12' | 132 sq. ft. | 1 |

| | | | |
|---|-----------|-------------|---|
| 3 | 11' x 13' | 143 sq. ft. | 1 |
| 4 | 11' x 12' | 132 sq. ft. | 1 |
| 5 | 11' x 14' | 154 sq. ft. | 1 |
| 6 | 11' x 12' | 132 sq. ft. | 1 |

The living, dining, and sitting room areas measure a total of **1,075** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally ill, in the least restrictive environment possible. 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. The applicant intends to accept residents from Department of Health and Human Services agencies, Community Mental Health organizations, as well as, private pay individuals as referral sources.

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

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, zoos, trips to the go-cart track, restaurant dining, visiting the beach, county fairs, local parks and weekly bowling trips. The facility also intends to provide free cable TV service and a TV for each resident bedroom.

C. Rule/Statutory Violations

The applicant is Twin Doves II, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 05/08/2019. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Twin Doves II, L.L.C. have submitted documentation appointing Denny-Van Harada as Licensee Designee and Administrator of the facility.

A criminal history check was conducted and determined the applicant is of good moral character and eligible for employment in a licensed adult foster care facility. Denny-Van Harada submitted a statement from a physician documenting his good health and current negative TB test results. The licensee designee and administrator, Denny-Van Harada, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Mr. Harada submitted documentation outlining his education and experience with adult foster care. Mr. Harada has completed college courses in computer science and business administration. He has 6.5 years of experience working in another adult foster care facility acting as the facility's accountant and home manager. As the facility's accountant, Mr. Harada reviewed time sheets and prepared the facility's tax documents. As the facility's home manager, Mr. Harada worked directly with adult foster care residents ensuring their treatment plans, assessment plans and behavior plans were followed, maintained medication compliance for residents, ensured residents files were updated, managed direct care staff and worked with guardians, case managers, and psychiatrists in order to provide residents with the highest quality of care. These residents were individuals diagnosed with chronic mental illness and/or developmental disability.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 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) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant 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 designee, can 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 their 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 their 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 home for adult foster care.

The applicant acknowledged their 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 their 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 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's personal money transactions that have been agreed to be managed by the applicant.

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

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 6).

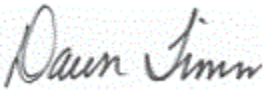


10/25/2019

Cathy Cushman
Licensing Consultant

Date

Approved By:



10/28/2019

Dawn N. Timm
Area Manager

Date