



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

September 11, 2015

Susan Turner
Copper Country Community Mental Health Services Bd
901 W Memorial Drive
Houghton, MI 49931

RE: Application #: AM070366534
Wood Haven
501 East River Drive
L'Anse, MI 49946

Dear Ms. Turner:

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 7 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 cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM070366534

Applicant Name: Copper Country Community Mental Health Services Bd

Applicant Address: 901 W Memorial Drive
Houghton, MI 49931

Applicant Telephone #: (906) 482-9400

Administrator/Licensee Designee: Susan Turner

Name of Facility: Wood Haven

Facility Address: 501 East River Drive
L'Anse, MI 49946

Facility Telephone #: (906) 524-5536
09/18/2014

Application Date:

Capacity: 7

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/18/2014	Enrollment
10/20/2014	Inspection Completed-Env. Health : A
12/09/2014	Contact - Document Sent Plan Review fire safety - 134827 Approved contingent upon compliance - This project review is for a new Adult Foster Care (7-12).
03/13/2015	Application Incomplete Letter Sent waiting on fire safety approval
07/28/2015	Contact - Document Received Received floor plan
08/04/2015	Contact - Document Received Received fire safety plan of correction from Sue Turner
08/14/2015	Inspection Completed-Fire Safety : A project 134827
08/18/2015	Contact - Document Received Received zoning approval
08/25/2015	Inspection Completed On-site
08/25/2015	Inspection Completed-BCAL Full Compliance
09/03/2015	Contact - Document Received Received copies of the program statement, admission, discharge, and refund policies.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one story home located at 501 East River Drive in Lanse, MI. It is located in the town of Lanse. It was originally licensed for 6 residents but has had an addition added that will allow for 1 more resident. The addition is a small apartment with 1 bedroom, a bathroom, a kitchen area and a small living room area. The resident residing in the small apartment will eat the meals with the rest of the residents and will be included in all activities. The hope is that the apartment will eventually be used as a transitional bed for teaching independent living skills. The stove in the apartment will not be functional until it is time for teaching independent living skills.

There are 5 bedrooms in the facility:

Bedroom 1 11'x 15' or 165 sq feet double occupancy

Bedroom 2 11'x15' or 165 sq feet double occupancy

Bedroom 3 11'x15' or 165 sq feet single occupancy

Bedroom 4 11'x15' or 165 sq feet single occupancy

Bedroom 5 16'x9 or 144 sq feet single occupancy

There are 3 large fully handicap accessible bathrooms in the facility.

The dining room and living room area is open which is 22'x24' or 528 sq feet. There is another common area located near the front door that is 12'x15' or 180 sq feet. The living room area in the addition is 11'x10' or 110 sq feet.

The facility was found in full compliance with environmental health and the bureau of fire services.

B. Program Description

The facility provides 24-hour supervision, protection and personal care for up to 7 male or female residents, over the age of 18, who are mentally ill, or developmentally disabled. The home has applied for a special certification which will be granted at the time of licensing. The home is wheelchair accessible.

There will be at least 1 staff person on duty at all times. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

C. Applicant and Administrator Qualifications

On September 18, 2014, Copper Country Mental Health submitted an application for a change in license type. They requested a capacity increase from 6 beds to 7 which changes the license from a small group home to a medium group home. Copper Country Mental Health has named Susan Turner as the Licensee Designee and administrator for this license. A licensing record clearance was completed with no LEIN convictions recorded for Ms. Turner. Ms. Turner has submitted a medical clearance which includes current negative TB results and that there is no physical or mental health conditions existing that would limit her ability to work with or around vulnerable adults.

Ms. Turner acknowledges an understanding of the requirements to maintain this category license type. She also acknowledges an understanding of the required

documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. Ms. Turner has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

The applicant acknowledges 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 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 acknowledges her 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 applicant acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an 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 resident, employee, and/or visitor.

The applicant acknowledges her responsibility to obtain all of 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 applicant acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their 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

The facility was found to be in full compliance of the rules and statues at the time of the final on-site inspection.

DI. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7).

Laura Mohrman

9/11/2015

Laura Mohrman
Licensing Consultant

Date

Approved By:

Mary Holton

9/18/2015

Mary E Holton
Area Manager

Date