



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 7, 2019

Margaret Boro
Casa Desederata LLC
514 Chippewa St.
Ontonagon, MI 49953

RE: Application #: AM660400730
New Beginnings, AFC
514 Chippewa St.
Ontonagon, MI 49953

Dear Ms. Boro:

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 12 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 black ink, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM660400730
Licensee Name:	Casa Desederata LLC
Licensee Address:	514 Chippewa St. Ontonagon, MI 49953
Licensee Telephone #:	(906) 884-6060
Administrator/Licensee Designee:	Margaret Boro, Designee
Name of Facility:	New Beginnings, AFC
Facility Address:	514 Chippewa St. Ontonagon, MI 49953
Facility Telephone #:	(906) 235-0861
Application Date:	07/22/2019
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/22/2019	On-Line Enrollment
08/26/2019	Inspection Completed-Fire Safety : A
08/30/2019	Application Complete/On-site Needed
09/05/2019	Contact - Telephone call received Phone call from Margaret Boro.
09/16/2019	Contact - Telephone call made Phone call to Margaret Boro.
09/24/2019	Contact - Document Received Policies, House Rules, warranty deed received.
09/24/2019	Inspection Completed On-site
09/24/2019	Inspection Completed-BCAL Full Compliance
09/25/2019	PSOR on Address Completed
09/24/2019	Inspection Completed-Env. Health: A
10/07/2019	Recommend License Issuance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, two-story home, with a full basement located in the city of Ontonagon. The home is currently a licensed AFC Home (New Beginnings AFC - License # AM660285475) since 2007 and the Licensee is Porcupine Mountain Moonlighters, Inc. There is a letter on file from Porcupine Mountain Moonlighters, Inc. requesting withdrawal of the existing license when licensure is granted to Margaret Boro, of Casa Deserderata LLC.

The property sits in a residential setting, but is in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. The home is being purchased by Ms. Margaret Boro. Proof of ownership was provided, and a copy of the warranty deed is maintained in the file.

The double-story home has 4588 square feet and is not handicapped accessible. The home is very neat, clean and comfortably furnished and there are 7 approved bedrooms. The main floor consists of a large living room, separate kitchen and dining

area, one resident bedroom, a full bath, and the laundry facilities. The upper level consists of 6 approved bedrooms and 2 full baths. Bedrooms have the following dimensions:

The bedrooms have the following dimensions:

Bedroom #1	95 sq. ft.	Approved capacity 1
Bedroom #2	162 sq. ft.	Approved capacity 2
Bedroom #3	136 sq. ft.	Approved capacity 2
Bedroom #4	179 sq. ft.	Approved capacity 2
Bedroom #5	131 sq. ft.	Approved capacity 1
Bedroom #6	165 sq. ft.	Approved capacity 2
Bedroom #7 (lower level)	172 sq. ft.	Approved capacity 2

The home has the square footage necessary to accommodate up to 12 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The facility has an interconnected smoke detection system and sprinkler system that is serviced by on a yearly basis by Ahern Fire Protection of Wisconsin. The home is serviced with municipal water and sewage.

The heating unit/furnace was inspected by ALK Contracting, on 02/01/2019 and the unit was found to be in proper and good working order.

On 09/24/2019, an environmental inspection was completed on-site by this consultant resulting in full compliance.

The Office of Fire Safety issued an "A" rating on 08/26/2019.

B. Program Description

The facility provides 24-hour supervision, protection and personal care for up to 12 residents over the age of 18 who mentally ill, developmentally disabled, physically handicapped, traumatic brain injury and/or aged. Residents are ambulatory and semi-independent. (All current residents will remain in the home during the license transition.)

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the 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.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Margaret Boro, the Licensee Designee and Administrator. Ms. Boro submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Ms. Boro provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 6-bed facility is adequate and includes a minimum of 1 staff per 12 residents on the awake-shift and 1 staff to 12 residents during the sleep shift.

The licensee acknowledged an understanding of the training and qualification 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee 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, can administer medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged their 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 licensee acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. 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 medium group home (capacity 12).

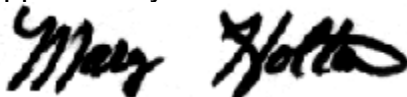


10/07/2019

Theresa Norton
Licensing Consultant

Date

Approved By:



10/07/2019

Mary E Holton
Area Manager

Date