



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 29, 2016

Janice Ranger  
Harbor's Independent Living of East Tawas, Inc.  
PO Box 90662  
Burton, MI 48509

RE: Application #: AS350383735  
Harbors Assisted Living  
1010 Alice St  
East Tawas, MI 48730

Dear Mrs. Ranger:

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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
931 S Otsego Ave Ste. 3  
Gaylord, MI 49735  
(989) 370-8320

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS350383735
<b>Licensee Name:</b>	Harbor's Independent Living of East Tawas, Inc.
<b>Licensee Address:</b>	1010 Alice Street East Tawas, MI 48730
<b>Licensee Telephone #:</b>	(989) 362-4655
<b>Licensee Designee:</b>	Janice Ranger
<b>Name of Facility:</b>	Harbors Assisted Living
<b>Facility Address:</b>	1010 Alice St East Tawas, MI 48730
<b>Facility Telephone #:</b>	(989) 362-4655
<b>Application Date:</b>	07/11/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

06/06/2016	Application Complete/On-site Needed
06/28/2016	Inspection Completed On-site
06/28/2016	Inspection Completed-BCAL Full Compliance
07/11/2016	On-Line Enrollment
07/15/2016	Application Incomplete Letter Sent Register LLC
07/15/2016	Contact - Document Sent Act&Rules.
07/26/2016	Contact - Document Received Valid Corporation Paperwork

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a one-story, wood-sided structure with four wings in a city neighborhood approximately one-half mile from the main street of U.S 23. Two wings are unlicensed independent living. The northwest wing will be licensed for Adult Foster Care for up to six residents. This wing has a separate kitchen, dining room, and sitting room. There are six resident bedrooms in this wing and two additional bedrooms. One of the additional bedrooms will be set up for a staff person. The other additional bedroom will be set up so any out of town family can spend the night if needed. The room is furnished as a bedroom. We discussed the capacity and not utilizing the room for an additional person or household members. They indicated that the room would only be utilized in situations where a family member was visiting from out of town or a resident was on Hospice and family was present anticipating their death. One of the resident bedrooms has a separate sitting room and will be considered a suite. Each of the resident bedrooms has a bathroom and there is an additional bathroom in the wing that has been set up with a handicapped shower for those unable to step into a bathtub.

All exits are on ground level and are wheelchair accessible. The facility is wheelchair accessible.

This home is within city limits and has city water and sewer available. The home has public water and sewage disposal. The home has electric base board heat and electric hot water heaters. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Feet	Total Resident Beds
1	9'10"X14'10" + 3'5"X7'2"	170	1
2	9'10"X14'10" + 3'5"X7'2"	170	1
3	9'10"X14'10" + 3'5"X7'2"	170	1
4	9'10"X14'10" + 3'5"X7'2"	170	1
5	9'10"X14'10" + 3'5"X7'2"	170	1
6	9'10"X14'10" + 3'5"X7'2"+13'7"X14'6"	367	1

The dining and sitting room areas measure a total of 340 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 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 male or female ambulatory or non-ambulatory adults who are aged in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health, fitness and activities of daily living.

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 libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Harbors Independent Living of East Tawas, Inc., which is a "For Profit Corporation" was established in Michigan, on 01/04/2008. 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.

The Board of Directors of Harbors Independent Living of East Tawas, Inc., L.L.C. has submitted documentation appointing Janice Ranger the licensee designee for this company.

A criminal history background check was conducted for the applicant (licensee designee). They have been determined to be of good moral character. The applicant licensee designee/ administrator submitted a statement from a physician documenting her good health and current negative TB-tine results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents. All staff shall 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 acknowledges an understanding of the training suitability 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 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](http://www.miltcpartnership.org)), and the related documents required to be maintained in each employee’s record to demonstrate compliance.

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 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 with residents. In addition, the applicant acknowledges 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 of the documents contained within each employee’s file.

The applicant acknowledges 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 acknowledges their 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 the required forms and signatures to be completed for each resident on an annual basis.

The applicant acknowledges their 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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges 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 acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

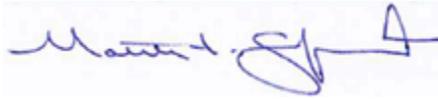
The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident in order to document the date and 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.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



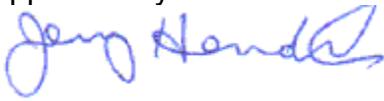
07/29/2016

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Matthew Soderquist  
Licensing Consultant

Date

Approved By:



07/29/2016

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Jerry Hendrick  
Area Manager

Date