



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

January 25, 2016

Mayra Ramos  
ResCare Premier, Inc.  
PO Box 100  
Milan, MI 48160

RE: Application #:	AS440380493 ResCare Premier Davis Lake 3097 Davis Lake Road Lapeer, MI 48446
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Dear Ms. Ramos:

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,

Susan Sells, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS440380493
<b>Applicant Name:</b>	ResCare Premier, Inc.
<b>Applicant Address:</b>	9901 Linn Station Road Louisville, KY 40223
<b>Applicant Telephone #:</b>	(734) 439-8672
<b>Administrator/Licensee Designee:</b>	Mayra Ramos, Designee
<b>Name of Facility:</b>	ResCare Premier Davis Lake
<b>Facility Address:</b>	3097 Davis Lake Road Lapeer, MI 48446
<b>Facility Telephone #:</b>	
<b>Application Date:</b>	11/17/2015
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

11/17/2015	Enrollment
11/23/2015	Contact - Document Received bcal 1609-certif of specialized programs appl for certification, facility paper documents
11/23/2015	Contact - Document Received 1326 for M.Ramos
11/23/2015	Inspection Report Requested - Health invoice 1025038
11/23/2015	File Transferred To Field Office Flint/Lapeer
11/24/2015	Contact - Document Sent RULES AND ACT SENT
12/07/2015	Application Incomplete Letter Sent
12/10/2015	Contact - Document Received I received the required documentation from the licensee to make the file complete.
12/10/2015	Application Complete/On-site Needed
12/15/2015	Contact - Document Received 3704 Medical clearance recvd at Central office. forwarded to S. Sells.
12/16/2015	Inspection Completed On-site
01/05/2016	Inspection Completed-BCAL Full Compliance
01/25/2016	Inspection Completed—Env. Health: A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The property located at 3097 Davis Lake Road is located in the City of Lapeer, Michigan. This facility is a one story ranch built in 1997. It is located on 2.5 acres and is in a country-setting, rural neighborhood. The facility has approximately 2800 square feet of living space with an additional 2300 square feet of unfinished basement which will not

be used by residents. The facility is close to the city of Lapeer and is also in close proximity to major expressways, restaurants, and other modern conveniences.

This facility has a full kitchen and a dining room with seating for all residents. There is a large living room in the front of the facility as well as a sitting area near the back of the facility. There are five bedrooms and two and a ½ bathrooms in this facility. Four of the bedrooms are private rooms and one bedroom is a double-occupancy room. One of the full bathrooms is connected to the double-occupancy bedroom while the other full bathroom is centrally located for all residents' use. Both of the full bathrooms are equipped with safety bars in the shower area and are fully equipped. The ½ bathroom is off of the laundry room and will be used primarily by staff. The facility has a laundry room with a separate, private medication room as well as an office for the Home Manager.

This residence has four independent means of egress; one exit leads to the front of the property, two different exits lead to the side yard of the property, and one exit leads to the backyard of the property.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door with a 20-minute fire rating and is equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with an 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 Footage	Total Resident Beds
South	10' x 11'6"	115	1
South East	10' x 11'6"	115	1
North	14'4" x 11'	158	1
North East	12' x 11'	132	1
East	12'4" x 13'11"	172	2

The living, dining, and sitting room areas measure a total of 669 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 **six** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is not wheelchair accessible.

## **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 adults age 18 and over, whose diagnosis is developmentally disabled, mentally impaired, traumatically brain injured, or physically disabled 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. Residents will primarily be referred by Lapeer County Community Mental Health.

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, and local parks.

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's financial resources and the budget statement submitted to operate the adult foster care facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee submitted a medical clearance request with a statement from a physician documenting her good health and current TB-tine negative results.

The licensee designee 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 6-bed facility is adequate and includes a minimum of 2-staff-to-6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges 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 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 Identogo website ([www.identogo.com](http://www.identogo.com)), by MorphoTrust USA and the related documents required to be maintained in each employees 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 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 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 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated her 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

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 her 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.

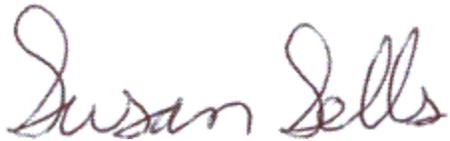
The applicant acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

The 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 adult foster care small group home with a capacity of 6.



January 25, 2016

Susan Sells Licensing Consultant	Date
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Approved By:



January 25, 2016

Mary E Holton Area Manager	Date
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