



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 23, 2019

Sheena Porritt  
PO Box 621  
Big Rapids, MI 49307

RE: Application #: AS540401184  
**Tender Care Manor II**  
**726 Sheridan St.**  
**Big Rapids, MI 49307**

Dear Sheena Porritt:

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 "Diane L. Stier".

Diane L Stier, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0560

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS540401184
<b>Applicant Name:</b>	Sheena Porritt
<b>Applicant Address:</b>	726 Sheridan Big Rapids, MI 49307
<b>Applicant Telephone #:</b>	(231) 580-4034
<b>Administrator:</b>	Sheena Porritt
<b>Licensee Designee:</b>	Sheena Porritt
<b>Name of Facility:</b>	Tender Care Manor II
<b>Facility Address:</b>	726 Sheridan St. Big Rapids, MI 49307
<b>Facility Telephone #:</b>	(231) 598-9077
<b>Application Date:</b>	08/19/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL; AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

## II. METHODOLOGY

08/19/2019	Enrollment
08/19/2019	Application Incomplete Letter Sent Additional Documents required
07/26/2019	Inspection Completed Onsite [Completed under previous AL enrollment.]
07/26/2019	Inspection Completed – Full Compliance
08/22/2019	Application Complete – Onsite needed Fingerprints received
08/22/2019	Full Compliance
08/23/2019	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Tender Care Manor II, at 726 Sheridan Street in Big Rapids, is located within the city of Big Rapids, approximately one mile northwest of the downtown area. Public transportation is available. The property is owned by Sheena Porritt and Robert Ellis.

Tender Care Manor II is half an older single-story duplex home, with wood siding and a full basement. The home is not accessible to persons who regularly require the use of a wheelchair.

The home has a city water and sewer. The furnace and hot water heater are located in a utility room in the basement, with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected smoke detectors located near sleep areas, in the living room and near the furnace. The facility also has an installed an approved sprinkler system in the facility. This exceeds the fire safety requirements for a facility of this size. Fire extinguishers are installed on each floor of the home. Written emergency procedures and an evacuation plan have been posted in the home.

A full bath is available on each level of the home. The ground floor has two resident bedrooms, a sitting/computer room, kitchen, and dining area. The applicant's bedroom and a third resident bedroom are located on the lower level, and both have emergency egress windows. There is also a large living area on the lower level. The dining and sitting area on the main floor and the living area on the lower level measure a total of 710 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.9'x14.3'	142 sq. ft.	2
2	11.3'x 13.1'	148 sq. ft.	2
3	10.4'x12.6'	131 sq. ft.	2

The indoor living and dining areas measure a total of 710 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six 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) ambulatory male or female residents, whose diagnosis is aged, developmentally disabled or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept referrals from the local DHHS office, CMH, MiChoice Waiver or residents with private sources for payment.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **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 credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

Applicant Sheena Porritt will also serve as Administrator of the facility. A licensing

record clearance request was completed with no convictions recorded for the Ms. Porritt. Ms. Porritt submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Sheena Porritt is a Certified Nurse Aide and has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She has worked in the capacity of administrator and licensee for over five years and satisfies the training requirements.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one direct care staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be changed in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours as needed to meet the needs of the residents.

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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will 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 the 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 the 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 adult foster care home.

The applicant acknowledged the 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 the 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(s) 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 requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

I. **RECOMMENDATION**

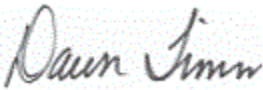
I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six residents.



Diane L Stier  
Licensing Consultant

August 23, 2019  
Date

Approved By:



08/23/2019

Dawn N. Timm  
Area Manager

Date