



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 9, 2020

Sandi Young
5132 18th Road
ESCANABA, MI, MI 49829

RE: Application #: AM210401794
Helping Hands AFC 2
5116 18th Road
Escanaba, MI, MI 49829

Dear Sandi Young:

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 #: AM210401794

Licensee Name: Sandi Young

Licensee Address: 5132 18th Road
ESCANABA, MI, MI 49829

Licensee Telephone #: (906) 280-1844

Licensee Designee: N/A

Administrator: Sandi Young

Name of Facility: Helping Hands AFC 2

Facility Address: 5116 18th Road
Escanaba, MI, MI 49829

Facility Telephone #: (906) 280-1844

Application Date: 09/23/2019

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODOLOGY

06/15/2020	Inspection Completed- Environmental Health : A Final environmental health approval.
09/29/2020	Inspection Completed On-site
10/15/2020	Contact - Document Received Policies, floor plans, zoning info received.
10/22/2020	Inspection Completed-Fire Safety : A Final fire safety approval.
10/28/2020	Inspection Completed- BCAL Full Compliance
11/02/2020	Contact – Document Received Fingerprint information received.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a new construction located in the township of Wells, approximately 6 miles from the city of Escanaba in a serene country setting. The facility is attached to an existing licensed Adult Foster Care Facility (#AS210395636). It is in close proximity to schools, parks, service provider organizations, medical resources, and shopping areas. The structure is a single story, stick-built construct and is ADA compliant (Handicapped Accessible) and has 12 single bedrooms with a total of 3600 square feet. The building is state-of-the-art constructed, with a complete automatic fire sprinkling system. The home has a private well and septic system. The home is owned by Licensee Sandi and Ron Young. A copy of the deed and a right to occupy statement is maintained in the file. In addition, there is a signed certificate of zoning approval dated 08/22/2020, maintained in the file from the Delta County Building and Zoning Administrator.

In addition to the bedrooms, the facility has two large full bathrooms, a bistro kitchen (all meals will be prepared in the adjacent facility and carted to the attached facility), and a large dining room/activity room available for use by the residents. In addition, there is a large outdoor area in the country setting that can be enjoyed by the residents.

Bedrooms have the following dimensions:

Bedroom #1	95 sq. ft.	Approved Capacity 1
Bedroom #2	95 sq. ft.	Approved Capacity 1
Bedroom #3	95 sq. ft.	Approved Capacity 1
Bedroom #4	95 sq. ft.	Approved Capacity 1
Bedroom #5	95 sq. ft.	Approved Capacity 1
Bedroom #6	95 sq. ft.	Approved Capacity 1
Bedroom #7	95 sq. ft.	Approved Capacity 1

Bedroom #8	95 sq. ft.	Approved Capacity 1
Bedroom #9	95 sq. ft.	Approved Capacity 1
Bedroom #10	95 sq. ft.	Approved Capacity 1
Bedroom #11	95 sq. ft.	Approved Capacity 1
Bedroom #12	95 sq. ft.	Approved Capacity 1

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

The new construction was given final approval by the Bureau of Construction Codes for the electrical on 10/09/2020, the boiler system on 10/12/2020, and the plumbing on 10/15/2020.

The home was issued a final fire safety approval on 08/05/2020 by the Bureau of Fire Safety. The home has a private well and septic system. A final approval of substantial compliance with applicable rules for environmental health and the septic and well system inspection was completed by Delta/Menominee County Health Department on 06/15/2020. A final internal environmental inspection was completed by this consultant on 10/28/2020.

B. Program Description

The facility proposes to serve both male and female adults (18 years and older) that are Aged, Physically Handicapped, Developmentally Disabled, and/or Mentally Ill. The admission policy, program statements, discharge policy, refund policy, personnel policies, and job descriptions were reviewed and accepted as written.

The facility will also have Special Certification status and a working contract with Pathways Mental Health. The certification will be issued at the time of license issuance.

The program statements identify the care and services available in the home, designed to provide assistance to adults, and to promote each individual in maintaining an active and enjoyable life.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence programs and community agencies. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community. Transportation to local medical appointments will be arranged/provided by the home as needed. Transportation to out-of-area appointment will be arranged/provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Sandi Young, Licensee Designee and Administrator. Ms. Young submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results. Ms. Young has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Ms. Young has experience working with people with disabilities. She has over two years of experience running a 6-bed licensed family home. In addition, Ms. Young has worked several years as an administrator for Lakestate Industries which is an employer of people with disabilities.

The staffing pattern for this 12-bed facility is adequate and includes a minimum of two fulltime staff per 12 residents on the awake-shift (with a floater staff from 4:00PM – 9:00PM) and two fulltime staff to 12 residents during the sleep shift.

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 acknowledge 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) and the related documents required to demonstrate compliance.

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

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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home with a capacity of 12 residents.



11/02/2020

Theresa Norton
Licensing Consultant

Date

Approved By:



11/09/2020

Dawn Timm
Area Manager

Date