



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 9, 2020

Sandi Young
5116 18th Rd
Escanaba, MI 49829

RE: Application #: AS210395636
Helping Hands AFC 1
5116 18th Rd
Escanaba, MI, MI 49829

Dear Ms. 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 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 (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
Escanaba, 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 #: AS210395636

Licensee Name: Sandi Young

Licensee Address: 5116 18th Rd
Escanaba, MI 49829

Licensee Telephone #: (906) 280-1844

Licensee Designee: N/A

Administrator: Sandi Young

Name of Facility: Helping Hands AFC 1

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

Facility Telephone #: (906) 280-1844

Application Date: 08/02/2018

Capacity: 6

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

II. METHODOLOGY

08/02/2018	On-Line Enrollment
08/03/2018	Application Incomplete Letter Sent needs fingerprints
06/15/2020	Inspection Completed-Env. Health : A
09/29/2020	Inspection Completed On-site
10/15/2020	Contact - Document Received Policies received.
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 home is currently licensed in good standing as a family home (#AF210396093). The licensee wishes to change the license status to a small group home. There is a letter on file requesting withdrawal of the Family Home license when licensure is granted to the small group home.

The home is a large, two-story home built in 2008. It is located in a beautiful subdivision, close to the city of Escanaba. The property sits in a wooded rural setting and has five acres of land. The property is in close proximity to schools, parks, service provider organizations, medical resources, and shopping areas. The home is owned by Mr. and Mrs. Ronald Young. A covenant deed was submitted and is maintained in the file.

The double story home has 4400 square feet and is handicapped accessible throughout only the lower level. Licensee Sandi Young agrees only fully ambulatory residents can be housed in the upper level. There is a large deck/patio and a large back yard area available for resident's enjoyment. The home has a large kitchen and family room area is an open concept. There is also a large living room located in the center of the facility, and another living room area in the upper level. There are five approved bedrooms in the home (2 approved rooms are located in the upper level- Bedrooms #4 and #5). There are two full resident bathrooms in the home all which have shower/tub facilities. In addition, there is a half bathroom located on the first floor. The home is very neat, clean, and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	200 sq. ft.	Approved capacity 2
Bedroom #2	105 sq. ft.	Approved capacity 1
Bedroom #3	104 sq. ft.	Approved capacity 1
Bedroom #4 (upper)	139 sq. ft.	Approved capacity 1
Bedroom #5 (upper)	145 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 6 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 home has a private septic tank and well. A final environmental inspection was completed by the Delta-Menominee District Health Department on 06/15/2020 resulting in substantial compliance with applicable environmental health rules. The septic system functions properly and the water tested safe for consumption.

The facility has an interconnected smoke detection system and fire extinguishers located on both levels and the system is fully operational. Smoke detectors have been installed near sleeping areas, the dining room, kitchen, great room, and near all flame- or heat-producing equipment.

B. Program Description

The facility proposes to serve both male and female adults that are Developmentally Disabled, Mentally Ill, Physically Handicapped, Traumatic Brain Injured, Alzheimer's and/or Aged. The home 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 goal of the home is to offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the home and various community agencies, and to help each resident to nurture independence, encourage socialization, and enjoy a peaceful, caring environment.

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, the licensee. 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 experience working with people with disabilities. She has over 2 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 6-bed family facility is adequate and includes a minimum of 1 to 2 staff per 6 residents on the awake-shift and 1 staff to 6 residents during the sleep shift. The home intends to add additional staff at peak hours if necessary.

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 the facility will provide 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 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 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 small group home (capacity 6).



11/02/2020

Theresa Norton
Licensing Consultant

Date

Approved By:



11/06/2020

Dawn Timm
Area Manager

Date