



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 30, 2020

Laura Hatfield-Smith  
ResCare Premier, Inc.  
Suite 1A  
6185 Tittabawassee  
Saginaw, MI 48603

RE: Application #: AS130404371  
**ResCare Premier Kings Lane**  
**209 Kings Lane**  
**Battle Creek, MI 49014**

Dear Ms. Hatfield-Smith:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
427 East Alcott  
Kalamazoo, MI 49001

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS130404371
<b>Applicant Name:</b>	ResCare Premier, Inc.
<b>Applicant Address:</b>	9901 Linn Station Road Louisville, KY 40223
<b>Applicant Telephone #:</b>	(989) 791-7174
<b>Licensee Designee:</b>	Laura Hatfield-Smith
<b>Administrator:</b>	Laura Hatfield-Smith
<b>Name of Facility:</b>	ResCare Premier Kings Lane
<b>Facility Address:</b>	209 Kings Lane Battle Creek, MI 49014
<b>Facility Telephone #:</b>	(989) 791-7174
<b>Application Date:</b>	04/13/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

04/13/2020	Enrollment
04/27/2020	Inspection Report Requested - Health 1030488
04/27/2020	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Laura Hatfield/Smith
06/30/2020	Inspection Completed-Env. Health: A
07/21/2020	Contact - Document Received 1326/Fingerprint/RI 030 for Laura Hatfield-Smith
07/21/2020	File Transferred To Field Office Lansing
08/05/2020	Application Incomplete Letter Sent
09/24/2020	Application Complete/On-site Needed
09/24/2020	Inspection Completed On-site
09/25/2020	Confirming Letter Sent
09/30/2020	Contact- Document Received
10/29/2020	Contact- Document Received
10/29/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a ranch style home located in a rural subdivision in Battle Creek, MI, home of Binder Park Zoo. The home is located near Lakeview Square Mall, restaurants, churches, and Kingman Museum. Residents will occupy the main level of the home only. The main level of the home includes a kitchen, dining room, living room, family room, two full bathrooms and six private resident bedrooms. The partially finished basement includes a staff office, laundry room, and a conference room. The home has two approved means of egress that can be accessed from the main floor. However the home is not wheelchair accessible and cannot provide care to individuals who regularly use a wheelchair to assist with mobility. This home utilizes a private water supply and private sewage disposal system. An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules.

There is one gas furnace on the main floor of the home and a second gas furnace located in the basement of the home. The hot water heater is also located in the basement of the home. The furnace located on the main floor and furnace and hot water heater located in the basement were all inspected by a qualified electrician. Each furnace is enclosed in an approved heat plant room that is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. 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 Footage	Total Resident Beds
1	11' X 10'	110 sq. ft.	1
2	11' X 13'	143 sq. ft.	1
3	11' X 12'	132 sq. ft.	1
4	11' X 8'	88 sq. ft.	1
5	11' X 8'	88 sq. ft.	1
6	10' X 11'	110 sq. ft.	1

The living, dining, and sitting room areas measure a total of 672 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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.

**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 and non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, or physically handicapped 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, behavioral, and developmental needs. The applicant intends to accept residents from Calhoun County CMH and private pay individuals as a referral source.

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 is Res-Care Premier Inc., which is a "For Profit Corporation", was established in Michigan, on June 1, 2006. 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 Res-Care Premier, Inc. have submitted documentation appointing Laura Hatfield-Smith as licensee designee and the administrator of this facility.

A criminal history check was conducted and determined that Laura Hatfield-Smith is of good moral character and eligible for employment in a licensed adult foster care facility. Laura Hatfield-Smith submitted a statement from a physician documenting her good health and current TB-tine negative results. Laura Hatfield-Smith has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Laura Hatfield-Smith have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Laura Hatfield-Smith is currently the licensee designee for other AFC facilities licensed and have provided direct care services to both the mentally ill and developmentally disabled populations for several years.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff-to-six residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will 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 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 acknowledges 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 designee, 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 directly with residents. In addition, the applicant acknowledges their 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 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 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 acknowledges their 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 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 residents’ personal money transactions that have been agreed to be managed by the applicant.

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

