



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 18, 2021

Susan Berg
A New Dahn Rising, Inc.
1301 Delta Ave
Gladstone, MI 49837

RE: Application #: AS210409278
A New Dahn Rising
1301 Delta Ave
Gladstone, MI 49837

Dear Ms. Berg:

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
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 #:	AS210409278
Applicant Name:	A New Dahn Rising
Applicant Address:	1301 Delta Ave Gladstone, MI 49837
Applicant Telephone #:	(906) 420-8148
Administrator/Licensee Designee:	Susan Berg, Designee Joanna Dahn, Administrator
Name of Facility:	A New Dahn Rising
Facility Address:	1301 Delta Ave Gladstone, MI 49837
Facility Telephone #:	(906) 399-8564
Application Date:	06/15/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

06/15/2021	Enrollment
06/28/2021	Application Incomplete Letter Sent 1326 for Susan, AFC100 for Joanna
06/28/2021	Contact - Document Sent 1326 & AFC100
08/09/2021	Comment App incomplete letter returned as undeliverable. Will send to licensee's (Susan Berg) address
08/18/2021	Contact - Document Received 1326 & RI030 for Susan, AFC100 for Joanna
08/23/2021	Application Complete/On-site Needed
09/01/2021	Contact - Telephone call received Phone call from Joanna Dahn.
09/15/2021	Inspection Completed On-site
09/23/2021	Contact - Telephone call made Phone call to Joanna Dahn.
10/13/2021	Contact - Document Received Policies, House rules, corporate documents and personnel policies received.
10/13/2021	Inspection Completed-BCAL Full Compliance
10/13/2021	Inspection Completed-Env. Health : A
10/18/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, single-story building built in 1993. It is located on the main street of the city of Gladstone. The building was formerly an accounting firm, that has been transformed into a beautiful four-bedroom home.

The property sits in the city of Gladstone and borders the “downtown” district. The home is in close proximity to schools, parks, service provider organizations, medical resources, and shopping areas. The home is owned by A New Dawn Rising, Inc., and a copy of the warranty deed was submitted and is maintained in the file.

The single-story home has 1650 square feet that sits on a full (1650 square foot) unfinished cement basement and is totally handicapped accessible. There are 4 approved bedrooms. The home has a large kitchen and combined dining/sitting area. There is also a large living room (322 square feet) available for resident use. The home intends to have outdoor garden/sitting areas in the near future for the enjoyment of residents. There are 2 resident bathrooms, one which has a full walk-in shower/tub facility. Both bathrooms are handicapped accessible. The home is very neat, clean, and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	152 sq. ft.	Approved capacity 2
Bedroom #2	93 sq. ft.	Approved capacity 1
Bedroom #3	104 sq. ft.	Approved capacity 1
Bedroom #4	146 sq. ft.	Approved capacity 2

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 heating and plumbing units were inspected by licensed contractor DeHooie and Viau HVAC., on 10/12/2021 and found to be in full compliance. The facility has an interconnected smoke detection system that was serviced and verified by Wicklund electronics. The electrical inspection was conducted by licensed electrician Corey Wicklund on 09/17/2021 and was found to meet all code requirements.

The home utilizes municipal water and sewer services. A final environmental inspection was completed by this consultant on 10/13/2021 resulting in an “A” rating.

B. Program Description

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

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. Amenities noted are home cooked meals, crafts, music, weekly activity calendars, social gatherings, and outings.

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 program and community agencies. Family involvement will be encouraged. The goal is to help each resident to be part of the community in a 'family type' atmosphere.

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. Susan Berg or Ms. Joanna Dahn, the licensee and administrator. Ms. Berg and Ms. Dahn submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Administrator Joanna Dahn has 7-years of experience as a licensee of her own licensed family home (2014-2017) and Administrator for a licensed Home For The Aged (2017-2021).

The licensee has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 6-bed facility is adequate and includes a minimum of 1 staff per 6 residents on the awake-shift and 1 staff to 6 residents during the sleep shift. The facility does not intend to accept residents in need of 2-person transfers.

The licensee acknowledged 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 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 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 small group home (capacity 6).

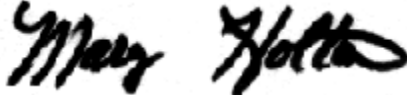


10/18/2021

Theresa Norton
Licensing Consultant

Date

Approved By:



10/18/2021

Mary E Holton
Area Manager

Date