



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

February 14, 2018

Monica Salingue  
Spectrum Community Services  
28303 Joy Rd.  
Westland, MI 48185

RE: Application #: AS510389959  
**New Horizons**  
**1053 Oak St.**  
**Manistee, MI 49660**

Dear Ms. Salingue

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 cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS510389959
<b>Applicant Name:</b>	Spectrum Community Services
<b>Applicant Address:</b>	28303 Joy Rd. Westland, MI 48185
<b>Applicant Telephone #:</b>	(616) 241-6258
<b>Licensee Designee:</b>	Monica Salingue
<b>Administrator:</b>	Monica Salingue
<b>Name of Facility:</b>	New Horizons
<b>Facility Address:</b>	1053 Oak St. Manistee, MI 49660
<b>Facility Telephone #:</b>	(231) 887-4130
<b>Application Date:</b>	08/07/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/07/2017	Enrollment
08/18/2017	Application Incomplete Letter Sent needs fingerprint for Monica using our agency code
09/22/2017	Application Incomplete Letter Sent
12/26/2017	Contact - Telephone call made left message for Monica Salingue administrator .
12/28/2017	Contact - Telephone call made left message for Monica Salingue administrator for facility about on-site inspection.
01/10/2018	Inspection Completed On-site
01/12/2018	Phone call with Monica Salingue about special certification requiring the interconnected smoke detectors.
01/16/2018	Email received from Monica Salingue
01/18/2018	Email to Monica Salingue to see if she wanted to proceed with the license with three special cert beds or if she was having the smoke detectors interconnected for the entire facility.
01/18/2018	Email from Monica, she will let me know by 01/22/2018 how to proceed.
01/24/2018	Email sent Monica Salingue about the smoke detectors.
01/26/2018	Email from Monica Salingue stating that Northern Fire will be out on Wednesday 01/31/2018 to install the interconnected smoke detectors in the entire facility.
02/06/2018	Contact- Document Received- Information received verifying installation of interconnected smoke detection system.

02/07/2018 Email received from Monica Salingue that contained the detection inspection report.

02/07/2018 Inspection Completed- BCAL Full Compliance.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

New Horizons is a single-story, ranch style facility that is located in the City of Manistee. The facility has four resident bedrooms, two full resident bathrooms, a dining area, kitchen, living room, staff office and laundry room. The facility is not wheelchair accessible. The facility has ample parking for resident guests and facility employees. The home utilizes municipal water supply and sewage disposal system.

The facility is equipped with one gas forced heat furnace and a water heater, both of which are located in the garage of the facility which is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The furnace was inspected on 10/18/2017, electrical was inspected on 09/21/2017 by a licensed electrician and the facility has central air conditioning.

The facility is equipped with interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician on 01/31/2018 and is fully operational. The facility is equipped with sprinklers in half of the facility only.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'9 x 17'9	190.81	1
2	10'9 x 14'8	157.67	1
3	10'9 x 14'8	157.67	2
4	10'8 x 14	149.33	2
Staff Office	8'3 x 5'3	43.31	0
Living room	20x 10	200	0
Dining room	21 x 11'11	250.25	0
Kitchen	10'1 x 14'2	142.85	0
Den	11'8 x 16'4	190.56	0
Laundry Room	14'8 x 7'8	112.44	0

The indoor living and dining areas measure a total of 1,394.89 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Ms. Salingue and Spectrum Human Services intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are diagnosed with a developmentally disability and/or mental illness. The program will include social interaction activities such as bowling, watching movies, playing board games, cooking/baking, crafts/arts, increasing independent living skills/job skills, and anger management. The applicant also has a new 2017 Chrysler six passenger mini-van to assist with resident transportation. Ms. Salingue intends to accept referrals from the local Community Mental Health (CMH) and residents with Supplemental Security Income (SSI) as well as other sources of payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of Ms. Salingue to utilize local community resources such as the library, shopping areas/restaurants, beaches, Michigan Works, and local churches for recreational activities. The program will utilize resources to provide an environment to enhance the quality of life of residents and increase the independence of residents as appropriate.

## **C. Applicant and Administrator Qualifications:**

Spectrum Human Services., a "Non Profit Corporation", was established in Michigan on November 18, 2003. Ms. Salingue submitted a financial statement and an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Spectrum Human Services appointed Monica Salingue as licensee designee and administrator for this facility.

Criminal history background checks of Ms. Salingue were completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Salingue, licensee designee and administrator, submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Salingue provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Salingue, licensee designee/administrator, has worked with the developmentally disabled and mentally ill population for the past twenty years in various capacities. Ms. Salingue is currently the

licensee designee and administrator for one other facility and has been employed with the same company since 2008.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two staff for six residents for the all shifts. Ms. Salingue acknowledged that the staff-to-resident ratio may need to be increased 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. Ms. Salingue has indicated that direct care staff will be awake during sleeping hours.

Ms. Salingue 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.

Ms. Salingue acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Salingue acknowledges 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.

Ms. Salingue 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 designee, Ms. Salingue will administer medication to residents. In addition, Ms. Salingue 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.

Ms. Salingue 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, Ms. Salingue 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.

Ms. Salingue acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Salingue 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.

Ms. Salingue 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.

Ms. Salingue acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Salingue 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 Ms. Salingue.

Ms. Salingue 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. Ms. Salingue indicated the intent to respect and safeguard these resident rights.

Ms. Salingue 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.

Ms. Salingue 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.


Ms. Salingue acknowledged that residents with mobility impairments will 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.

**IV. RECOMMENDATION**

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




02/12/2018

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Julie Elkins  
Licensing Consultant

Date

Approved By:



02/14/2018

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Dawn N. Timm  
Area Manager

Date