



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 7, 2021

Tristan Schramke
The Lighthouse, Inc.
PO Box 289
Caro, MI 48723

RE: Application #: AM790405945
Jamie's House
1771 Luder Rd
Caro, MI 48723

Dear Mr. Schramke:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM790405945
Applicant Name:	The Lighthouse, Inc.
Applicant Address:	1655 East Caro Road Caro, MI 48723
Applicant Telephone #:	(989) 673-2500
Administrator:	Tristan Schramke
Licensee Designee:	Tristan Schramke
Name of Facility:	Jamie's House
Facility Address:	1771 Luder Rd Caro, MI 48723
Facility Telephone #:	(989) 673-2500
Application Date:	09/04/2020
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/04/2020	Enrollment
09/25/2020	Application Incomplete Letter Sent 1326, afc 100, updated application and additional fee \$35.00 app fee
09/28/2020	Contact - Document Sent forms
10/22/2020	Contact - Document Received updated application, 1326, AFC 100
01/26/2021	Application Incomplete Letter Sent
02/02/2021	Application Complete On-site needed
02/02/2021	Inspection Completed On-site
05/27/2021	Inspection Completed – Fire Safety Fire Safety: A
08/05/2021	Inspection Report Requested - Health
08/31/2021	Inspection Completed Environmental Health: A
09/02/2021	Inspection Completed – BCAL Environmental Health Full Compliance
09/23/2021	Inspection Completed On-site
12/07/2021	Inspection Completed BCAL Full Compliance
12/07/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Jamie’s House is located outside of the City of Caro, Township of Almer, Michigan. It is owned by The Lighthouse, Inc. It was built in 1986, with an addition put on in 1988 and one in 1990 and is one-story built on a cement slab. Jamie’s House has central air. It was previously licensed as a Child Caring Institute until the issuance of this license. This facility will allow ten residents to have a private room and two residents will have a semi-private room.

The furnace and hot water heater are in a room that is constructed of material that has a 1-hour-fire-resistance rating. The furnace was inspected and determined to be fully operational on February 2, 2021. The State Fire Marshal gave this facility an ‘A’ rating on May 27, 2021. The facility has a hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

The facility contains private water and sewer. The Tuscola County Sanitarian gave this facility an ‘A’ rating on August 31, 2021.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
# 1	14’9” X 13’	193.7 sq. feet	2
# 2	14’9” X 14’	208.6 sq. feet	2
# 3	14’9” X 13’	193.7 sq. feet	1
# 4	14’9” X 14’	208.6 sq. feet	2
# 5	14’9” X 11’	163.9 sq. feet	1
# 6	14’9” X 11’	163.9 sq. feet	1
# 7	14’9” X 11’	163.9 sq. feet	1
# 8	14’9” X 11’	163.9 sq. feet	1
# 9	14’9” X 12’	178.8 sq. feet	1

The living, dining, recreation and therapy room areas measure a total of 1403.44 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. There are five full bathrooms in this home.

Based on the above information, it is concluded that this facility can accommodate twelve (12) 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 twelve (12) male or female adults whose diagnosis is developmentally disabled, physically handicapped, mentally impaired, Alzheimer's, aged, and traumatic brain injury, ages 18 and older, in the least restrictive environment possible. Wheelchair users will be accepted. 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 and behavioral developmental needs. Residents will be referred from hospitals, community mental health agencies, and nursing homes.

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 The Lighthouse, Inc., which is a "For Profit Corporation" was established in Michigan, on 11/16/1984. 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 corporation has designated Tristan Schramke as the primary Licensee Designee and Administrator to act on all licensing matters on behalf of the corporation.

A licensing record clearance request was completed with no lein convictions recorded for Licensee Designee/Administrator Tristan Schramke. Mr. Schramke submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Licensee Designee/Administrator Tristan Schramke has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of one staff-to-12 residents per shift, more staff depending on the residents' needs. All staff shall be awake during sleeping hours.

Licensee Designee/Administrator Tristan Schramke acknowledges 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.

Licensee Designee/Administrator Tristan Schramke 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.identogo.com) (Formerly L-1Enrollment, by Morpho Trust), and the related documents required to be maintained in each employee record to demonstrate compliance.

Licensee Designee/Administrator Tristan Schramke 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, 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.

Licensee Designee/Administrator Tristan Schramke acknowledges his 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 applicant acknowledges 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.

Licensee Designee/Administrator Tristan Schramke acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

Licensee Designee/Administrator Tristan Schramke acknowledges 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 applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Licensee Designee/Administrator Tristan Schramke acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Licensee Designee/Administrator Tristan Schramke acknowledges his 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 applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file.

Licensee Designee/Administrator Tristan Schramke acknowledges his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. 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 adult foster care small/large group home (capacity 1 - 12).

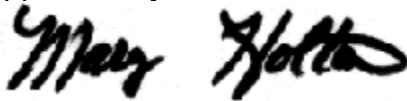


12/07/2021

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



12/07/2021

Mary E Holton
Area Manager

Date