



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 8, 2022

Jamie Davis
Anchored Heart, LLC
11274 Hill Rd
Goodrich, MI 48438

RE: Application #: AS250409699
Anchored Heart
11274 Hill Road
Goodrich, MI 48438

Dear Ms. Davis:

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) 643-7960.

Sincerely,

A handwritten signature in blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250409699
Licensee Name:	Anchored Heart, LLC
Licensee Address:	11274 Hill Road Goodrich, MI 48438
Licensee Telephone #:	(810) 701-5395
Licensee Designee:	Jamie Davis
Administrator:	Jamie Davis
Name of Facility:	Anchored Heart
Facility Address:	11274 Hill Road Goodrich, MI 48438
Facility Telephone #:	(810) 636-6809
Application Date:	07/29/2021
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

07/29/2021	On-Line Enrollment
07/30/2021	Contact - Document Sent 1326, RI030, AFC100
08/02/2021	Inspection Report Requested - Health
01/06/2022	Contact - Document Received Updated Corporate Application, 1326/Fingerprint/RI 030
01/06/2022	Lic. Unit file referred for background check review
01/26/2022	File Transferred to Field Office Flint via SharePoint.
03/03/2022	Application Incomplete Letter Sent
10/25/2022	Inspection Report Requested - Health 1033082
11/14/2022	Environmental Health Inspection- A
10/25/2022	Application Complete/On-site Needed
12/08/2022	Inspection Completed On-site
12/08/2022	Inspection Completed-BCAL Full Compliance
12/08/2022	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two-story home located in Goodrich, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is not currently wheelchair accessible. The applicant has submitted documentation that Jamie Davis, proposed licensee designee, has purchased and owns this facility.

There are two full bathrooms for resident use on the same level as the resident bedrooms. Bedroom #6 has an additional private full bathroom. The living room area measures 621 sq. ft. The dining room contains a table and six chairs with room to serve six residents. One laundry area is in the basement of this facility and a second laundry area is located on the ground floor level of this facility and are adequate to serve the needs of six residents.

Jamie Davis, licensee designee, and Joseph Davis, household member, are currently residing in this facility. The living quarters are on the second floor of this facility and are separated from the resident living areas.

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

Location	Dimensions	Square Footage	Capacity
Bedroom #1	13'X12'	156 sq. ft.	1
Bedroom #2	12' X 11'	132 sq. ft.	1
Bedroom #3	14'X13.5'	189 sq. ft.	1
Bedroom #4	17' X 13'	221 sq. ft.	1
Bedroom #5	15.5'X14.5'	225 sq. ft.	1
Bedroom #6	21'X19'	399 sq. ft.	1
Total Capacity = 6 residents			

This facility has a private well and septic system. The well and septic systems were inspected by the Genesee County Health Department on 11/14/22 and received an "A" rating.

The hot water heater and furnace are in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The furnace was inspected on 1/18/22 and is in good working order.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the applicant'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 (6)** male or female adults ages 65-99 whose diagnosis is aged 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 and behavioral developmental needs.

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 applicant 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 Anchored Heart, LLC. 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.

Jamie Davis is the licensee designee and administrator for the applicant. Ms. Davis has submitted documentation to demonstrate that her experience meets the requirements for licensee designee and administrator.

A licensing record clearance request was completed with no criminal convictions recorded for Ms. Davis. Ms. Davis submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant 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 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant 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.

The applicant acknowledged 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 applicant, 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 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 applicant, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of 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 of the documents contained within each resident's file.

The applicant acknowledges their 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

Compliance with the licensing act and applicable administrative rules related to the physical plant has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home with a capacity of six (6) residents.



12/08/2022

Kent W Gieselman
Licensing Consultant

Date

Approved By:



12/08/2022

Mary E. Holton
Area Manager

Date