



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 1, 2023

Sandi Young
5116 18th Road
Escanaba, MI 49829

RE: Application #: AM210413954
Helping Hands AFC 3
5116 18th Road
Escanaba, MI 49829

Dear Sandi Young:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM210413954
Licensee Name:	Sandi Young
Licensee Address:	5116 18th Road Escanaba, MI 49829
Licensee Telephone #:	(906) 280-1844
Administrator:	Sandi Young
Name of Facility:	Helping Hands AFC 3
Facility Address:	704 Superior Ave Gladstone, MI 49829
Facility Telephone #:	(906) 280-1844
Application Date:	08/26/2022
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

08/26/2022	On-Line Enrollment
08/29/2022	Contact - Document Sent Incomplete app ltr sent w/AFC-100
08/29/2022	PSOR on Address Completed
12/01/2022	Comment request sent to licensee for receipt to locate prints.
03/16/2023	Application Incomplete Letter Sent Sent app incomplete ltr requesting EIN
03/16/2023	Contact - Telephone call received Licensee indicated that facility is an LCC and emailed EIN
03/16/2023	Contact - Document Sent Sent BCAL-569 to change type of facility
03/24/2023	PSOR on Address Completed
03/28/2023	Application Incomplete Letter Sent
10/26/2023	Inspection Completed On-site
11/28/2023	Inspection Completed-Fire Safety: A Final fire safety approval.
11/29/2023	Inspection Completed- Environmental Health: A Final environmental health approval.
11/29/2023	Application Complete-Onsite Needed
11/29/2023	Inspection Completed On-site
11/29/2023	Inspection Completed-BCAL Full Compliance
11/30/2023	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a large, single-story building. The facility is located in the city of Gladstone. The home was formerly a medical clinic, now totally transformed into a beautiful home-like setting. The home is fully handicapped accessible.

The facility is in close proximity to parks, service provider organizations, medical resources, and shopping areas. The home is owned by Licensee Sandi Young and Ron Young. A copy of the deed and a right to occupy statement is maintained in the file. In addition, there is a signed certificate of zoning approval dated 07/18/2022, maintained in the file from the Delta County Building and Zoning Administrator.

The single-story home has 3100 square feet. There are 12 approved bedrooms. Two large bathrooms. The home has a large kitchen (231 square feet) and a large open plan dining/sitting/living room area (651 square feet) available for resident use. The home is very neat, modern, clean, and comfortably furnished.

Bedroom #1	86 sq. ft.	Approved Capacity 1
Bedroom #2	86 sq. ft.	Approved Capacity 1
Bedroom #3	86 sq. ft.	Approved Capacity 1
Bedroom #4	86 sq. ft.	Approved Capacity 1
Bedroom #5	86 sq. ft.	Approved Capacity 1
Bedroom #6	86 sq. ft.	Approved Capacity 1
Bedroom #7	86 sq. ft.	Approved Capacity 1
Bedroom #8	86 sq. ft.	Approved Capacity 1
Bedroom #9	86 sq. ft.	Approved Capacity 1
Bedroom #10	86 sq. ft.	Approved Capacity 1
Bedroom #11	86 sq. ft.	Approved Capacity 1
Bedroom #12	86 sq. ft.	Approved Capacity 1

The home has the square footage necessary to accommodate up to 12 residents as requested on the application. The facility is tastefully decorated and fully equipped with the required furnishings, linens, and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The construction was given final approval by the Bureau of Construction Codes for the electrical on 11/03/2023, the boiler system on 11/08/2023, and the plumbing on 11/08/2023.

The home has a public sewer and water system. I inspected and approved the home for all other environmental requirements.

The home was issued a final fire safety approval on 11/28/2023 by the Bureau of Fire Safety. The home has city well and septic system. A final internal environmental inspection was completed by this consultant on 11/29/2023.

B. Program Description

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

The facility will also have Special Certification status and a working contract with Pathways Mental Health. The certification will be issued at the time of license issuance.

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.

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 programs and community agencies. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community. 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. Sandi Young, Licensee Designee and Administrator. Ms. Young submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results. Ms. Young has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Ms. Young has experience working with people with disabilities. She has over two years of experience running a 6-bed licensed family home. In addition, Ms. Young has worked several years as an administrator for Lakestate Industries which is an employer of people with disabilities.

The staffing pattern for this 12-bed facility is adequate and includes a minimum of two fulltime staff per 12 residents on the awake-shift (with a floater staff from 4:00PM – 9:00PM) and two fulltime staff to 12 residents during the sleep shift.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant 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) and the related documents required to demonstrate compliance.

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 medium group home (capacity 7-12).

Maria DeBacker

11/30/2023

Maria DeBacker
Licensing Consultant

Date

Approved By:

Mary Holton

12/01/2023

Mary E. Holton
Area Manager

Date