



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

March 4, 2024

Laura Hatfield-Smith  
ResCare Premier, Inc.  
Suite 1A  
6185 Tittabawassee  
Saginaw, MI 48603

RE: Application #: AS440418129  
ResCare Premier Pine  
632 Pine St.  
Lapeer, MI 48446

Dear Laura Hatfield-Smith:

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,

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS440418129
<b>Applicant Name:</b>	ResCare Premier, Inc.
<b>Applicant Address:</b>	9901 Linn Station Road Louisville, KY 40223
<b>Applicant Telephone #:</b>	(989) 791-7174
<b>Administrator/Licensee Designee:</b>	Laura Hatfield-Smith, Designee
<b>Name of Facility:</b>	ResCare Premier Pine
<b>Facility Address:</b>	632 Pine St. Lapeer, MI 48446
<b>Facility Telephone #:</b>	(989) 791-7174 12/22/2023
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Special Certification:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

12/22/2023	Enrollment
12/28/2023	PSOR on Address Completed
12/28/2023	Application Incomplete Letter Sent
12/28/2023	Contact - Document Sent forms sent
12/28/2023	Contact - Telephone call received spoke with Laura Smith.
12/28/2023	File Transferred to Field Office
01/08/2024	Application Incomplete Letter Sent
01/31/2024	SC-Application Received - Original
02/12/2024	Application Complete/On-site Needed
02/15/2024	Inspection Completed On-site
02/28/2024	Inspection Completed-BCAL Full Compliance
02/28/2024	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

ResCare Premier Pine Adult Foster Care facility is located at 632 Pine Street in the city of Lapeer, MI. The home is owned by Urban Free, LLC, Carmela Jones, Director, who is leasing the home and land to ResCare Premier Inc. The Lease commenced on 12/01/2023 and was signed for a period of three years and ending on 11/30/2026. Carmela Jones, Director, provided a statement giving ResCare Premier permission to occupy this residence and operate an Adult Foster Care facility on the premises. ResCare Premier Inc. is a foreign profit corporation qualified in Michigan on 11/18/03.

The home, a 3-story home, vinyl structure, is situated in a residential neighborhood, with rear, front, and side yard space to be utilized by the residents. The home contains a living room, fully furnished with a sofa, love seat and 2 chairs, a dining room, complete with a 6-person dining table, a kitchen, fully equipped with new appliances, 1 full bathroom with a shower, linen closet, laundry room, complete with a washer and dryer and 2 fully furnished resident rooms, all located on the main level. Bedroom #1 is located on the west side of the home, directly off the living room, while Bedroom #2 is located near the rear of the home, directly off the kitchen, on the east side of the home. The upstairs level of the home contains 3 additional fully furnished bedrooms and 1 full bathroom with a shower. Bedroom #3 encompasses the south end of the upstairs hall and will be occupied by 2 residents. Bedroom #4 is located on the west side of the upstairs hall, while Bedroom #5 is located on the east side of the upstairs hall. There is an additional room upstairs which will serve as the staff office and medication room. The basement level of the home houses the furnace and hot water heater. It is an unfinished Michigan basement and not intended for resident use. The home utilizes public water and sewer services. Parking is located in the rear of the home, accessed via an alley road, located on the east side of the home.

The washer and dryer, located on the main floor near the bathroom and bedroom #2, is enclosed behind a 1 ¾ inch solid core door, with a 1-hour fire resistance rating and is equipped with an automatic self-closing device and positive latching hardware. The dryer has a solid metal vent, which is directly vented to the outside.

The furnace, hot water heater, and air conditioning unit, located in the basement, were inspected on 10/20/2023 by Big Ben Enterprises and all were deemed to be in safe working condition. The basement door, located at the top of the stairwell, is a 1 ¾ inch solid core door, with a 1-hour fire resistance rating and is equipped with an automatic self-closing device and positive latching hardware. The home is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located on each floor of the home and smoke detectors are in all bedrooms, in the basement, living, dining and kitchen and laundry room areas of the home. The licensee intends to keep the home's cleaning supplies in an area that is not accessible to residents.

The bedrooms have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	12 x 9	108	1
#2	10 x 11	110	1
#3	13 x 15	195	2
#4	9 x 14	126	1
#5	11 x 12	132	1

The living and dining room areas measure a total of 290.5 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

There are two (2) independent, unobstructed means of egress, leading to the outside of this home. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The first exit is located at the north end of the living room and leads to a porch which has handrails on open sides of the steps. The second exit is off the south end of the kitchen and also leads to a porch which has handrails on open sides of the steps. Both exits are noted in the home's evacuation plan. The required exit doors are equipped with positive latching non-locking against egress hardware. This home is not wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. Bedroom #3 is suitable for two residents and the remainder of the bedrooms are single-occupancy rooms.

## **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 ambulatory adults, ages 18-99 whose diagnosis is developmentally disabled, mentally ill, and/or physically handicapped 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. Residents will be referred from local agencies including Community Mental Health, the Department of Health and Human Services, and home health agencies.

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 ensure that the residents' medical needs are met and has transportation available for residents to access community-based resources and services. The facility will make provisions 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, ResCare Premier, Inc., 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. ResCare Premier, Inc. has named Laura Hatfield-Smith as the licensee designee and administrator.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee/administrator. The licensee /administrator submitted a medical clearance request with statements from a physician documenting his good health and current TB-test negative results.

The licensee/administrator have 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), and the related documents required to be maintained in each employee's 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 licensee, can administer medication to residents. In addition, the applicant has indicated that 6

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 licensee, 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 physical plant rules has been determined. All items cited for correction have been verified by visual inspection. 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 and special certification to this AFC adult small group home (capacity 1-6).

*Sabrina McGowan*

March 4, 2024

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Sabrina McGowan  
Licensing Consultant

Date

Approved By:

*Mary Holton*

March 4, 2024

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Mary E. Holton  
Area Manager

Date