



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 2, 2024

Lela Shank
Country House Care, L.L.C.
1395 Seneca Street
Adrian, MI 49221

RE: Application #: AM460417872
New Beginnings
211 E. Main Street
Morenci, MI 49256

Dear Ms. Shank:

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. If 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 cursive script, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM460417872
Applicant Name:	Country House Care, L.L.C.
Applicant Address:	1395 Seneca Street Adrian, MI 49221
Applicant Telephone #:	(517) 442-2164
Licensee Designee:	Lela Shank
Name of Facility:	New Beginnings
Facility Address:	211 E. Main Street Morenci, MI 49256
Facility Telephone #:	(517) 458-6926 09/18/2023
Application Date:	
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

09/18/2023	Enrollment
09/21/2023	Application Incomplete Letter Sent 1326/RI030/NEW FPS required
10/17/2023	Contact - Document Received RI030/ 1326
11/09/2023	Application Incomplete Letter Sent
11/25/2023	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a residential neighborhood, in the city of Morenci, at 211 E. Main St, Morenci MI 49256. This multi-level, colonial style home has a detached garage. The home has a paved driveway. This home is wheelchair accessible. The front door will be the primary entrance for the residents. This entrance is equipped with a walkway to the front door. The second identified exit and means of egress is accessed through a door located at the back of the home. This exit is equipped with a wooden ramp/walkway.

This facility contains a kitchen and dining area, a living room, an office area/medication room, laundry room, eight resident bedrooms, and two full bathrooms.

The facility utilizes public water supply and sewage disposal systems.

The forced air gas furnace and water heater are located in the basement. In October 2023, the furnace and water heater were inspected and approved by a licensed contractor. The 1 ¾ inch solid core door and frame leading to the mechanical room is fire-rated; it is equipped with an automatic self-closing device and positive latching hardware. The room is constructed of materials that provide a 1-hour-fire-resistance rating.

This property is owned by Vicky Cates, and there is a land contract agreement between Vicky Cates and the applicant.

The facility is equipped with central air conditioning. The heating and cooling systems have been inspected by a licensed contractor, and the approved inspection report is contained within the file.

The facility is equipped with a washer and a gas dryer. The dryer is equipped with a flexible metal duct.

The trash will be removed from the premises on a weekly basis. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' 8" X 10' 4"	140.08	2
2	10' 3" X 13' 2"	104.55	1
3	13' 2" X 10' 8"	141.9	1
4	9' 5" X 13' 2"	124.08	1
5	8' 9" X 14' 9"	129.06	2
6	13' 3" X 13' 11"	184.2	2
7	9' 8" X 10' 2"	97.9	1
8	11' X 13' 8"	149.6	2

The indoor living and dining room areas measure a total of 725 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 12 male or female residents who are 18 to 99 years of age, and whose diagnosis is Mental Illness and/or Developmentally Disabled, and aged.

According to the Program Statement, Country House Care LLC "...will provide clean, comfortable cheerful living in a home type atmosphere." They are committed to "hiring competent staff dedicated to the care of specialized residents." The Country House Care program is dedicated to help all residents to keep their self-respect. The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Country House Care LLC intends to provide the least restrictive environment possible for the residents.

The licensee will provide access to transportation for program and medical needs. The home will make provisions for a variety of leisure and recreational activities. The home

intends to utilize local community resources including shopping, libraries, movie theaters, planned barbeques, parties and other social events in the community.

C. Applicant Qualifications

The applicant is Country Care LLC, and it is a “Domestic Profit Corporation” which was incorporated on May 21, 2013. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status and that Lela Shank is the Resident Agent. 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. Mrs. Lela Shank is the sole board member of Country Care LLC and she has stated in writing, the appointment of herself, as the Licensee Designee for the home.

A criminal background check of Lela Shank was completed, and she was determined to be of good moral character to provide licensed adult foster care. Mrs. Shank has submitted a statement from her physician documenting her good health and current negative tuberculosis test results.

Mrs. Shank has experience working with the populations that will be served in this home. Mrs. Shank has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. Shank has provided copies of the successful completion of her education and trainings. She has also been trained in First Aid and Cardiopulmonary Resuscitation and provided a certification of completion. Mrs. Shank currently operates two other homes in the Lenawee County area.

The staffing pattern for the original license of the 12-bed facility is adequate and includes a minimum of 1 staff for 12 residents. The applicant 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. The applicant has indicated that direct care staff will be awake or alert during sleeping hours.

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 acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing, “direct access” to residents or resident information or both. The applicant was provided with information regarding the process of obtaining criminal history record clearances utilizing the Michigan Long Term Care Partnership website

(www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant 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 will 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 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, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

The applicant acknowledged the responsibility to obtain the required written assessment, 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant 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 residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant 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. The applicant indicated the intent to respect and safeguard these resident rights. The applicant 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.

The applicant 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.

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 the issuance of a six-month temporary adult foster care small home license.

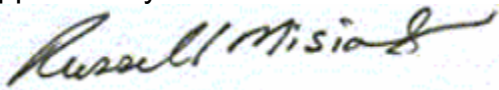


1/2/24

Dwight Forde
Licensing Consultant

Date

Approved By:



1/3/24

Russell B. Misiak
Area Manager

Date