



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 19, 2024

Roberta Hartung
10709 Vanwert Rd
Homer, MI 48813

RE: Application #: AS230418724
Golden Days Haven AFC
1493 N. Cochran Ave
Charlotte, MI 48813

Dear Roberta Hartung:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS230418724
Licensee Name:	Roberta Hartung
Licensee Address:	10709 Vanwert Rd HOMER, MI 48813
Licensee Telephone #:	(517) 667-2559
Licensee Designee:	Roberta Hartung
Administrator:	Roberta Hartung
Name of Facility:	Golden Days Haven AFC
Facility Address:	1493 N. Cochran Ave Charlotte, MI 48813
Facility Telephone #:	(517) 543-9626
Application Date:	08/06/2024
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

08/06/2024	On-Line Enrollment
08/07/2024	PSOR on Address Completed
08/07/2024	Contact - Document Sent forms sent
08/13/2024	Contact - Document Received 1326/RI030
08/19/2024	File Transferred To Field Office
08/27/2024	Application Incomplete Letter Sent
09/16/2024	Contact - Document Received-Facility/Licensee Designee Records
10/08/2024	Contact - Document Received-Facility/Licensee Designee Records
10/30/2024	Contact - Document Received-Facility Records
11/05/2024	Contact - Document Received-Facility Records
11/05/2024	Application Complete/On-site Needed
11/13/2024	Inspection Completed On-site
11/17/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility has been licensed as an adult foster care home since 1997 and is now undergoing a change in licensee or a change in ownership.

Golden Days Haven AFC is a brick, vinyl siding ranch style home that sits on over an acre of land in the township of Carmel. This facility is near a fire department, hospital, high school, Walmart and about 10 minutes from downtown. The main floor includes an open floorplan with a living room, dining room and kitchen, four resident bedrooms and two resident full bathrooms with a walk-in shower. The lower level of the facility includes storage rooms and a laundry room. The facility is wheelchair accessible and has two approved means of egress equipped with a ramp from the first floor. The facility utilizes private water supply and sewage disposal system. On 1/16/2024, the facility was inspected by the Barry-Eaton District Health Department and was determined to be in compliance with all applicable environmental health rules.

There is gas a water heater and furnace located inside a utility room on the lower level of the home. The door separating the water heater and furnace from the rest of the home at the top of the stairs is equipped with a 1-3/4 inch solid core door with an automatic closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was inspected by a licensed electrician on 11/1/2024 and is fully operational and there are battery-powered, single-station smoke detectors that have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. Fire extinguishers are on the main level and lower level of the facility.

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' 10" x 13' 1"	180 sq ft	2
2	13' 10" x 13' 1"	180 sq ft	2
3	9' 9" x 12' 3"	119 sq ft	1
4	13' 10" x 13' 1"	180 sq ft	1

The indoor living and dining areas measure a total of 594 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 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 six male and/or female residents who are aged. The program will include social interaction, opportunity for involvement in educational or day programs and transportation. The applicant intends to accept referrals from residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicant has submitted documentation appointing Roberta Hartung as licensee designee for this facility and as the administrator of the facility.

Criminal history background check of Roberta Hartung was completed, and she was determined to be of good moral character to provide licensed adult foster care. Roberta Hartung submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Roberta Hartung provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Roberta Hartung has been employed as a certified nurse aid since 2018. She has over 15 years' experience providing direct care to the aged population in adult foster care and private settings.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. 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 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 acknowledge 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 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 or 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 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 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 valuables 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 resident 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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 six-month temporary license to this adult foster care family home with a capacity of six residents




11/18/2024

Ondrea Johnson
Licensing Consultant

Date

Approved By:



11/19/2024

Dawn N. Timm
Area Manager

Date