



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

April 16, 2007

Linda Porter
Sawyer Adult Care, LLC
P.O. Box 539
Gladwin, MI 48624

RE: Application #: AL720283253
The Horizon Senior Living
10059 Airport Rd.
St. Helen, MI 48656

Dear Ms. Porter:

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 20 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (231) 922-5309.

Sincerely,

Joyce Lixey, Licensing Consultant
Office of Children and Adult Licensing
2145 E. Huron Rd.
East Tawas, MI 48730
(989) 362-0337

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AL720283253
Applicant Name:	Sawyer Adult Care, LLC
Applicant Address:	325 Commerce Ct. Galdwin, MI 48624
Applicant Telephone #:	(989) 426-2521
Administrator/Licensee Designee:	Linda Porter, Designee
Name of Facility:	The Horizon Senior Living
Facility Address:	10059 Airport Rd. St. Helen, MI 48656
Facility Telephone #:	(989) 389-4900
Application Date:	04/11/2006
Capacity:	20
Program Type:	AGED

II. METHODOLOGY

04/11/2006	Enrollment
04/20/2006	Inspection Report Requested - Fire
04/20/2006	Inspection Report Requested - Health
04/20/2006	Application Incomplete Letter Sent To applicant
07/26/2006	Application Incomplete Letter resent
07/28/2006	Contact - Telephone call received From applicant
10/11/2006	Contact - Telephone call received From applicant
10/11/2006	Contact - Telephone call made Building of facility to be completed in January.
12/04/2006	Contact - Telephone call made To Licensee Designee,
02/01/2007	Contact - Document Sent Confirming appointment and requesting information
02/01/2007	Contact - Telephone call made To Licensee Designee
02/01/2007	Contact - Document Received Designation of administrator and Licensee Designee.
02/01/2007	Contact - Document Sent To Licensee Designee, medical and criminal history record clearance forms for her and the administrator
02/01/2007	Inspection Report Requested - Health
02/09/2007	Contact - Face to Face Met with licensee and administrator at facility.
04/04/2007	Inspection Completed On-site Final inspection
04/05/2007	Inspection Completed On-site
04/05/2007	Inspection Completed-Fire Safety: A

04/05/2007 Contact Telephone
Call made to Central Michigan Health Department.

04/05/2007 Contact Telephone
Call made to Administrator and Licensee/Designee.

04/13/2007 Inspection Completed- Environmental Health: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Horizon Senior Living is a single story cream colored facility with tan trim. It is located in St. Helen Michigan at the juncture of St. Helen Rd. and Airport Road. It is situated within twelve miles of local parks, museums, other recreational activities, hospitals, fire departments and county police. The facility has a private water and sewer system. On 03/29/2007, a Central Michigan District Health Department Sanitarian inspected and approved the facility for occupancy.

The facility has an office, laundry, formal sitting room, dining room, private beauty salon, and a TV room. The formal sitting room is measured at 23.75' x 17.66' for a total of 419 square feet of living space. The dining room is measured at 32.66' x 27' for a total of 882 square feet of dining space. The TV room is measured at 17.66 x 19.66 for a total of 347 square feet of living space.

The facility has 17 resident bedrooms with private bathrooms. All bedrooms except for room fifteen meet the minimum requirements for two residents. The applicant has designated rooms 05, 06, and 07 as bedrooms that will house two residents. All other bedrooms will have only one occupant.

Bedroom #01 measures 12.58' x 12' for a total of 158 sq. ft. = 1 resident beds.
 Bedroom #02 measures 12.58' x 12' for a total of 158 sq. ft. = 1 resident beds.
 Bedroom #03 measures 12.08' x 12.66' for a total of 153 sq. ft. = 1 resident bed.
 Bedroom #04 measures 12.00' x 12.66' for a total of 152 sq. ft. = 1 resident bed.
 Bedroom #05 measures 13.17' x 12' for a total of 158 sq. ft. = 2 resident beds.
 Bedroom #06 measures 13.75' x 12' for a total of 165 sq. ft. = 2 resident beds.
 Bedroom #07 measures 12.04' x 12.75' for a total of 155 sq. ft. = 2 resident beds.
 Bedroom #08 measures 12.05' x 12' for a total of 150 sq. ft. = 1 resident bed.
 Bedroom #09 measures 12.58' x 12' for a total of 151 sq. ft. = 1 resident bed.
 Bedroom #10 measures 12.05' x 12' for a total of 150 sq. ft. = 1 resident bed.
 Bedroom #11 measures 13.05' x 12' for a total of 150 sq. ft. = 1 resident bed.
 Bedroom #12 measures 13.05' x 12' for a total of 150 sq. ft. = 1 resident bed.
 Bedroom #13 measures 13.05' x 12' for a total of 150 sq. ft. = 1 resident bed.
 Bedroom #14 measures 13.66' x 10' for a total of 137 sq. ft. = 1 resident bed.
 Bedroom #15 measures 12.83' x 10' for a total of 128 sq. ft. = 1 resident bed.

Bedroom #16 measures 13.66' x 10' for a total of 139 sq. ft. = 1 resident bed.

Bedroom #17 measures 13.66' x 10' for a total of 139 sq. ft. = 1 resident bed.

The applicant will assure that the number of residents in the facility does not exceed the maximum capacity of 20 residents.

The applicant has acknowledged an understanding of her responsibility to maintain the facility and yard area in a healthy and safe condition for residents and that housekeeping standards and home furnishings shall present a clean, comfortable and orderly appearance

The applicant received an approved fire safety certification by the Office of Fire Safety on 03/29/2007. The facility is equipped with a sprinkle - fire suppression system. It also has a hardwire interconnected smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, near furnaces and other flame producing equipment. Fire extinguishers are installed on each floor of the facility. The applicant acknowledges an understanding of her responsibility to maintain fire safety features in the home including smoke detectors and fire extinguishers, as identified by the manufacturer, and by rules for adult foster care group homes, and the NFPA 102, Life Safety Code, 1988.

The applicant has acknowledged an understanding of her responsibility to maintain furnaces, water heaters and other flame or heat producing equipment in a fixed and permanent manner in accordance with licensing rules and manufacture's instructions. The furnace, hot water heater and clothes dryer located on the first floor will be continue to be enclosed in a room that is constructed of material which has a one hour fire resistance rating.

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 twenty (20) aged male or female adults; in the least restrictive environment possible The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from the community.

The licensee will assure transportation for program and medical needs as identified in each resident's individual care agreement. 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 Sawyer Adult Care, L.L.C., which is a “Domestic Limited Liability Company.” 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.

The Board of Directors of Sawyer Adult Care L.L.C. has submitted documentation appointing Ms. Linda Porter, as Licensee Designee/Administrator for this facility .

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

The licensee designee/administrator 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 20-bed facility is adequate and includes a minimum of one staff to seven residents per shift. All staff shall be awake during sleeping hours.

The licensee designee 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 acknowledges 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.mltcpartnership.org), Identix, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

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

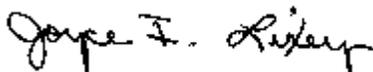
The licensee designee acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The licensee designee has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

The licensee designee 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 licensee designee 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).



04/16/2007

Joyce Lixey
Licensing Consultant

Date

Approved By:



04/16/2007

Christopher J. Hibbler
Area Manager

Date