



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 30, 2007

Cindy Whaley
Liberty Living Inc.
P O Box 1273
Bay City, MI 48706

RE: Application #: AS090292115
Litchfield House
1117 Litchfield
Bay City, MI 48706

Dear Mrs. Whaley:

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 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 (989) 835-7241.

Sincerely,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
P.O. Box 1609
Midland, MI 48641
(989) 835-7739

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS090292115
Applicant Name:	Liberty Living Inc.
Applicant Address:	P O Box 1273 Bay City, MI 48706
Applicant Telephone #:	(989) 892-0247
Administrator/Licensee Designee:	Cindy Whaley, Administrator Cindy Whaley, Designee
Name of Facility:	Litchfield House
Facility Address:	1117 Litchfield Bay City, MI 48706
Facility Telephone #:	(989) 892-0247
Application Date:	08/08/2007
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

08/08/2007	Enrollment
08/15/2007	Application Incomplete Letter Sent need 1326 for Cindy Whaley
08/21/2007	Contact - Document Received 1326 for Ms. Whaley
09/07/2007	Application Incomplete Letter Sent
10/15/2007	Inspection Completed On-site
10/19/2007	Contact - Telephone call received faxed materials.
10/30/2007	Contact - Telephone call made To Mike Whaley
10/30/2007	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Litchfield House is a single story; aluminum sided home built on a cement slab with a crawl space. Litchfield house is located on the west side of Bay City, at 1117 Litchfield, in a residential neighborhood. Although the facility is relatively new, it was built in an older neighborhood where the homes are closer together and the yard areas are adequate, yet small. The Applicant has put up a six-foot privacy fence around the back yard so that the residents can have some privacy when they are in the yard. There is no garage for this facility, the residents may use the storage shed in the back yard if needed for extra storage. The facility has four bedrooms, two bathrooms, living room, dining room and kitchen great room. Litchfield house is within walking distance of shopping, library, a variety of medical services, as well as entertainment opportunities in the downtown area. The residents of Litchfield house can use the city transportation system to go places independent of staff.

The furnace and hot water heater are located on the main floor with a self-closing device, 1-3/4 inch solid core door in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'10" x 13'2"	146	2
2	11'10" x 13'6"	151	2
3	11'10" x 11'7"	129.9	1
4	8'10" x 12'5"	101.3	1

The living, dining, and sitting room areas measure a total of 512 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 whose diagnosis is developmentally disabled or mentally impaired, 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: Bay Arenac Behavioral Health.

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 provide all transportation for program and medical needs. 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 Liberty Living, Inc., which is a Non Profit Corporation, and was established in Michigan, on 03/02/1999. 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 Liberty Living Inc., has submitted documentation appointing Cindy Whaley as Licensee Designee for this facility and Cindy Whaley as the Administrator of the facility.

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

The licensee designee and 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

Based on the findings of licensing investigation and the submission of all required documents through the pre-licensing process, it is my recommendation to issue Liberty Living, Inc., a temporary license to operate a small group home (capacity 1-6). The terms of the license will enable Liberty Living, Inc., to provide adults with developmental disabilities or mental illness with personal care, protection and supervision to a maximum of six residents at 1117 Litchfield Street, Bay City, Michigan 48706. The duration of the license will be for a six-month period effective October 30, 2007.



Mary T. Fischer
Licensing Consultant

Date 10/30/2007

Approved By:



Christopher Hibbler
Area Manager

Date 10/30/2007