



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 1, 2008

Steven Everett
Northern Springs Management Co.
05890 U.S. 131 S.
Boyne Falls, MI 49713

RE: Application #: AL400294299
Meadow View AFC
5536 Gonyer Road
Fife Lake, MI 49633

Dear Mr. Everett:

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 18 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,

Marcia S. Elowsky, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5472

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AL400294299

Applicant Name: Northern Springs Management Co.

Applicant Address: 05890 U.S. 131 S.
Boyne Falls, MI 49713

Applicant Telephone #: (231) 675-1348

Administrator/Licensee Designee: Steven Everett, Designee

Name of Facility: Meadow View AFC

Facility Address: 5536 Gonyer Road
Fife Lake, MI 49633

Facility Telephone #: (231) 675-1348

Application Date: 01/07/2008

Capacity: 18

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

01/07/2008	Enrollment
01/14/2008	Inspection Report Requested-Env. Health
01/14/2008	File Transferred To Field Office
01/28/2008	Application Incomplete Letter Sent
02/21/2008	Inspection Completed-Env. Health: A
06/05/2008	Application Complete/On-site Needed
06/13/2008	Inspection Completed On-site
07/09/2008	Inspection Completed-Fire Safety: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a bi-level frame ranch style structure with 9 resident bedrooms, 3 full bathrooms, 2 living rooms, a dining room and kitchen. The lower level is the private living quarters for the home manager. The front entrance and rear porch are equipped with ramps making this facility wheelchair accessible. This facility was previously licensed as an adult large group home since 1991.

This facility has a private well and septic system. An environmental health inspection was conducted on February 11, 2008. The Sanitarian determined the facility to be in substantial compliance with applicable rules.

The furnace and hot water heater are located on the lower level, in a room that is constructed of material that has a 1-hour-fire-resistance rating, with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an electrical fire alarm system, with battery back up, which was installed by a licensed electrician and is fully operational. A fire safety inspection was conducted on July 9, 2008. The Bureau of Fire Services Inspector granted full approval of the facility on July 9, 2008.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'6" x 11'3"	174	2
2	11'6" x 11'6"	132	2
3	11'6" x 11'6"	132	2

4	12'6" x 11'6"	143	2
5	13'4" x 11'2"	140	2
6	17'7" x 12'	195	2
7	13'2" x 10'11"	134	2
8	12'11" x 11'2"	134	2
9	12'11" x 11'2"	134	2

The living, dining, and sitting room areas measure a total of 924 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 eighteen (18) 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 eighteen (18) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired or aged 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 community agencies, medical organizations and self-referrals.

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 Northern Springs Management Co., which is a "Domestic Profit Corporation established in Michigan, on March 9, 2006. 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 Northern Springs Management Co. has submitted documentation appointing Steve Everett as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their 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 18-bed facility is adequate and includes a minimum of 2 staff –to -18 residents during waking hours and 1 staff during normal 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.

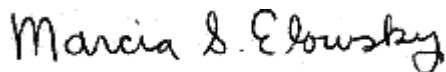
The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, 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

I recommend issuance of a temporary license to this adult foster care large group home (capacity 18).



08/01/2008

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:



08/01/2008

Christopher J. Hibbler
Area Manager

Date