



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

June 15, 2009

Julie Majeske  
Tuscola Behavioral Health Systems  
323 N. State St.  
PO Box 239  
Caro, MI 48723

RE: Application #: AS790300778  
Gun Club Home  
1345 Gun Club Road  
Caro, MI 48723

Dear Ms. Majeske:

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 5 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) 758-1754.

Sincerely,

Kathryn A. Huber, Licensing Consultant  
Bureau of Children and Adult Licensing  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 758-1922

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS790300778

**Applicant Name:** Tuscola Behavioral Health System

**Applicant Address:** 323 N. State St.  
PO Box 239  
Caro, MI 48723

**Applicant Telephone #:** (989) 673-6191

**Administrator/Licensee Designee:** Julie Majeske, Licensee Designee  
Victor Gomez Jr., Administrator

**Name of Facility:** Gun Club Home

**Facility Address:** 1345 Gun Club Road  
Caro, MI 48723

**Facility Telephone #:** (989) 672-1031

**Application Date:** 03/04/2009

**Capacity:** 5

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

03/04/2009	Enrollment
03/05/2009	Application Complete/On-site Needed
03/17/2009	Inspection Completed-Environmental Health : A
03/19/2009	Application Incomplete Letter Sent
05/08/2009	Contact - Document Received received credentials for Administrator Victor Gomez
05/27/2009	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a ranch style house built on a basement. It has an attached garage and is located in rural Caro. The main floor includes a kitchen, dining area, living room, laundry room, two bathrooms and two bedrooms. The dining area contains a sliding glass door that can be used to access the attached deck. The basement level has a glass sliding door that can be used to walk out into the backyard. The facility has an area where a garden is planted.

The furnace and hot water heater are located in the basement 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
Upstairs #1	9.5 X 11	104.5	1
Upstairs #2	14.16 X 11.75	166.5	2
Downstairs #3	14 X 11.16	156.33	2

The living and dining room areas upstairs measure a total of 293.1 square feet of living space. The downstairs living room area measures 277.33 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Room	Dimensions	Square footage
Upstairs Living Room	11 X 14.41	158.58
Dining Room	9.66 X 13.91	134.52
Downstairs Living Room	13 X 21.33	277.33

Based on the above information, it is concluded that this facility can accommodate **five (5)** 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 **five (5)** 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 Tuscola Behavioral Health Systems.

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 for this license is the Tuscola County Community Mental Health Authority. Ms. Sharon Beals is the Chief Executive Officer for the Tuscola County Community Mental Health Authority. Ms. Julie Majeske is the Chief Operating Officer and has been designated as the official representative and agent for the Tuscola County Community Mental Health Authority.

Ms. Julie Majeske has 15 years professional experience working in the Community Mental Health field. She has a Master of Social Work Degree from Michigan State University.

Mr. Victor Gomez Jr. has been designated as the administrator for this facility. Mr. Gomez Jr. is also the administrator at Pineland AFC Home, which is also owned by the Tuscola County Community Mental Health Authority. Mr. Gomez Jr. has been the

administrator at Pineland since October 2003. As such, he has the required one year experience dealing with the population to be served at Gun Club Home. Mr. Gomez is a graduate of Caro High School and has provided documentation of this requirement. All the staff at Gun Club Home will be employed by the Tuscola County Community Mental Health Authority. The facility is owned by the Tuscola County Community Mental Health Authority.

A licensing record clearance request was completed with no lein convictions recorded for Ms. Majeske or Mr. Gomez Jr. Ms. Majeske and Mr. Gomez Jr. submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Julie Majeske and Mr. Victor Gomez Jr. 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 5-bed facility is adequate and includes a minimum of 2 staff –to- 5 residents from 7 am to 9 pm, and 1 staff to 5 residents from 11pm to 7 am. 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](http://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.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

### **C. 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 AFC adult small group home (capacity 1-6).

*Kathryn Huber*

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Kathryn A. Huber  
Licensing Consultant

Date: 06/15/09

Approved By:

*Gregory Rice*

06/15/09

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Gregory Rice  
Area Manager

Date