



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

August 27, 2009

Lisa and Scott Ostrander
1943 N. Verona Rd.
Bad Axe, MI 48413

RE: Application #: AM320298210
Talaski Adult Foster Care Home
1943 N. Verona Rd.
Bad Axe, MI 48413

Dear Lisa and Scott:

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 12 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,

Bruce A. Messer, Licensing Consultant
Bureau of Children and Adult Licensing
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 758-1682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM320298210
Applicant Name:	Lisa and Scott Ostrander
Applicant Address:	1943 N. Verona Rd. Bad Axe, MI 48413
Applicant Telephone #:	(989) 269-8883
Administrator/Licensee Designee:	Lisa and Scott Ostrander
Name of Facility:	Talaski Adult Foster Care Home
Facility Address:	1943 N. Verona Rd. Bad Axe, MI 48413
Facility Telephone #:	(989) 269-8883
Application Date:	09/22/2008
Capacity:	12
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/22/2008	Enrollment
09/24/2008	Application Incomplete Letter Sent
10/23/2008	Contact - Document Received
11/12/2008	Application Incomplete Letter Sent
07/13/2009	Inspection Completed-Env. Health : A
08/10/2009	Inspection Completed-Fire Safety : A
08/20/2009	Application Complete/On-site Needed
08/20/2009	Inspection Completed On-site
08/20/2009	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Talaski AFC home is a large ranch style home located in a quiet rural farming community in central Huron County. The home is located a short drive from the town of Bad Axe, Michigan where numerous shopping, social, medical and social service opportunities can be located. The Licensee's private living quarters are attached to the facility which provide for a more "family like" atmosphere for this medium group home facility.

This facility has been in continuous operation and previously licensed as an Adult Foster care facility to another Licensee prior to the current applicant.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. 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.

On June 30, 2009, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On July 13, 2009, the home was inspected by the Huron County Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'8"X8'8"	83	1
2	9'8"X8'8"	83	1
3	9'8"X8'8"	83	1
4	9'8"X10'	96	1
5	9'8"X10'7"	102	1
6	9'8"X10'6"	101	1
7	9'7"X10'6"	100	1
8	9'7"X10'7"	101	1
9	9'7"X15	147	2
10	9'7"X15	147	2

The living, dining, and sitting room areas measure a total of 584 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 **twelve (12)** 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 **twelve (12)** male or female ambulatory adults whose diagnosis is aged or physically handicapped, 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 local social service and community mental health agencies.

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from a military pension.

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

The applicant 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 12-bed facility is adequate and includes a minimum of 1 staff –to- 12 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.

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.

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 AFC adult medium group home (capacity 7-12).

 August 27, 2009

Bruce A. Messer
Licensing Consultant

Date

Approved By:

 August 31, 2009

Gregory Rice
Area Manager

Date