



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

November 6, 2009

Pleasant Lake Lodge, Inc.
2085 S. 33 1/2 Mile Rd.
Cadillac, MI 49601

RE: Application #: AL830300832
Pleasant Lake Lodge, Inc.
2085 S 33 1/2 Mile Road
Cadillac, MI 49601

Dear Pleasant Lake Lodge, Inc.:

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,

Julie Loncar, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5470

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL830300832

Applicant Name: Pleasant Lake Lodge, Inc.

Applicant Address: 2085 S. 33 1/2 Mile Rd.
Cadillac, MI 49601

Applicant Telephone #: (231) 775-5847

Administrator/Licensee Designee: Kristi Tucker/Janine Tucker-Kummer

Name of Facility: Pleasant Lake Lodge, Inc.

Facility Address: 2085 S 33 1/2 Mile Road
Cadillac, MI 49601

Facility Telephone #: (231) 775-5847

Application Date: 03/04/2009

Capacity: 20

Program Type: AGED
MENTALLY ILL

II. METHODOLOGY

03/04/2009	Enrollment
03/30/2009	Application Incomplete Letter Sent
04/21/2009	Contact - Telephone call received Request for 1712 faxed to applicant to plan review
04/21/2009	Inspection Report Requested - Fire
09/16/2009	Inspection Completed On-site
10/05/2009	Inspection Completed-Environmental Health : A
10/28/2009	Contact - Telephone call made State Fire Marshall
10/28/2009	Contact - Telephone call made-Licensee Designee
11/05/2009	Inspection Completed- Fire Safety-A
11/05/2009	Inspection Completed- Full Approval

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a newly renovated 4,184 square foot facility that had been previously licensed as an Adult Foster Care twenty bed group home. The facility is located on twenty acres of private land outside the city of Cadillac. The building also has 2000 square feet of private living space where facility staff will stay. The interior of the building was completely removed and a new interior was re-built to accommodate twenty adult foster care residents including all new windows, new heat plant, sky lighting added in living areas and a completely barrier free home environment. The facility has a nicely furnished dining/living room area with a small secondary kitchen to assist residents during meals. There are ten resident bedrooms with more than adequate required square footage to house two residents in each room.

The District Health Department #10 for Wexford County submitted an Environmental Health Inspection Report indicating that a 10/05/2009.

The Bureau of Fire Services, Fire Marshall Division, has issued a Full Fire Safety Approval effective 11/05/2009.

The gas heat plant system is newly installed and along with the water heater are located in the basement with a 1-3/4 inch solid core floor separation door equipped with an automatic self-closing device and positive latching hardware. 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. The facility is equipped with an approved pull station alarm system and a newly installed sprinkling system installed throughout the resident living area.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 x 12.5	150	2
2	12 x 12.5	150	2
3	12 x 12.5	150	2
4	12 x 12.5	150	2
5	12 x 12.5	150	2
6	9.8 x 15.2	149	2
7	9.8 x 15.2	149	2
8	9.8 x 15.2	149	2
9	9.8 x 15.2	149	2
10	9.8 x 15.2	149	2

The living, dining, and sitting room areas measure a total of 974 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) 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 twenty (20) male or female ambulatory or wheelchair elderly adults, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept residents from private pay individuals or through the Department of Human Services.

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 arrangements 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 Pleasant Lake Lodge , Inc., which is a “Domestic For Profit Corporation” established in Michigan, on 02/27/2009.. 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 Pleasant Lake Lodge Inc. have submitted documentation appointing Janine Tucker-Kummer as Licensee Designee for this facility and Kristi Tucker as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant Ms. Tucker- Kummer and Ms. Tucker the Administrator. Both the Licensee Designee and Administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Janine Tucker-Kummer, Licensee Designee and Kristi Tucker the 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 20 bed facility is adequate and includes a minimum of 2 staff –to- 20 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) and the related documents required to be maintained in each employee’s 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 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

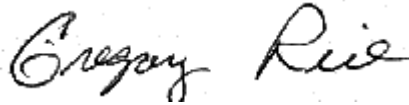
I recommend an Original Adult Foster Care large group home license (13-20) be issued to Pleasant Lake Lodge Inc. for the care of twenty (20) adult foster care residents.



Julie Loncar
Licensing Consultant

11/05/2009
Date

Approved By:



Gregory E. Rice
Area Manager

11/06/2009

Date