



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

December 17, 2009

Amanda Allen
The Country House, LLC
2240 Hubert Rd
Spruce, MI 48762

RE: Application #: AM040291143
The Country House
10685 Spruce Rd
Ossineke, MI 49766

Dear Ms. Allen:

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 (231) 922-5309.

Sincerely,

Joyce Lixey, Licensing Consultant
Bureau of Children and Adult Licensing
2145 East Huron Road
East Tawas, MI 48730
(989) 362-0337

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM040291143

Applicant Name: The Country House, LLC

Applicant Address: 2240 Hubert Rd
Spruce, MI 48762

Applicant Telephone #: (989) 471-5298

Administrator/Licensee Designee: Amanda Allen, Designee

Name of Facility: The Country House

Facility Address: 10685 Spruce Rd
Ossineke, MI 49766

Facility Telephone #: (989) 471-5298

Application Date: 06/15/2007

Capacity: 12

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

| | |
|------------|---|
| 06/15/2007 | Enrollment |
| 06/25/2007 | Application Incomplete Letter Sent 1326 for Licensee Designee |
| 07/05/2007 | Contact - Document Received 1326 for Licensee Designee |
| 07/27/2007 | Comment Fire Safety Plan review for facility received in East Tawas. OCAL Project Number is 74110. |
| 07/27/2007 | Application Incomplete Letter Sent |
| 07/25/2008 | Comment Fire Safety Plan Review Report, dated 10/31/07, Project Number 74110, on file in record. |
| 10/10/2008 | Contact - Telephone call made To BFS Lansing. 1712 (need sprinkler plans.) |
| 10/10/2008 | Contact - Document Received Floor Plans and most recent BFS Plan review documents for Project # 74110 dated 08/01/2008. |
| 03/17/2009 | Inspection Completed-Fire Safety : D |
| 05/19/2009 | Inspection Completed On-site Documents unavailable for review |
| 05/26/2009 | Contact - Face to Face With Licensee Designee, Amanda Allen |
| 06/05/2009 | Inspection Report Requested - Health |
| 08/03/2009 | Inspection Completed-Env. Health : A |
| 09/24/2009 | Inspection Completed On-site |
| 10/01/2009 | Inspection Completed On-site |
| 10/19/2009 | Inspection Completed-Fire Safety : B |
| 10/24/2009 | Inspection Completed On-site |
| 12/03/2009 | Inspection Completed-Fire Safety : A |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one story wood frame home located in a rural area of Alpena County approximately four miles west of the village of Ossineke. The home shares a parking lot with a large stone church. The home is a wooden frame home with white siding. The home consists of a kitchen, dining/activity area, living room 2 full bathrooms, seven resident bedrooms and a sitting room. The facility is heated by electrical baseboard heat. The home is wheelchair accessible and has 2 approved means of egress that are equipped with ramps from the first floor.

Zoning was approved for the two previous (7 – 12) licensed adult foster care homes that have operated continuously at this location and remains in effect as of this original license issuance date.

On 07/08/2009, a licensed sanitarian from District Health Department # 4 inspected the well and septic tank at the facility. The facility was determined to be in substantial compliance with applicable environmental health rules as of that date.

December 3, 2009, the Department of Energy, Labor, and Economic Growth, Bureau of Fire Service, Fire Marshal Division inspected and approved the final fire safety inspection for this facility.

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 sprinkled system installed throughout the facility.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 11.66' x 14.25' | 166 square feet | Two |
| 2 | 11.66' x 14.17' | 165 square feet | Two |
| 3 | 11.66' x 13.25' | 154 square feet | Two |
| 4 | 13.25' x 10' | 132.5 square feet | Two |
| 5 | 9.92' x 10' | 99 square feet | One |
| 6 | 15.81' x 10.58' | 167 square feet | Two |
| 7 | 10' x 11.08' | 118 square feet | One |

The living, dining, and sitting room areas measure a total of 720 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 **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, physically disabled, 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. The applicant intends to accept residents from Alpena, Alcona and surrounding counties DHS offices; Northeast Community Mental Health, Alpena Regional and Tawas hospitals and private pay individuals from the community.

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 senior centers, parks, 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 the applicant's spouse who has outside employment.

The applicant is The Country House, L.L.C., which is a "Domestic Limited Liability Company", established in Michigan, on 03/08/2007. 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 members of The Country House , L.L.C. have submitted documentation appointing Amanda Allen as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded the licensee designee/administrator. The licensee designee/ administrator submitted a medical clearance request with statements from a physician documenting her 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 12 bed facility is adequate and includes a minimum of 1 staff to12 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 has indicated that direct care staff will be awake during sleeping hours.

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.

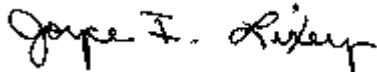
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 12).



12/17/2009

Joyce Lixey
Licensing Consultant

Date

Approved By:



12/17/2009

Christopher J. Hibbler
Area Manager

Date