



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

February 8, 2010

Jannine Stoddard
The Sugarbush House LLC
12032 Torrey Rd
Fenton, MI 48430

RE: Application #: AS250306415
Sugarbush House
5631 Sugarbush Lane
Flint, MI 48532

Dear Mrs. Stoddard:

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 6 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) 758-2717.

Sincerely,

James Clark, Licensing Consultant
Bureau of Children and Adult Licensing
2320 W. Pierson Rd.
Flint, MI 48504
(810) 787-7034

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250306415
Applicant Name:	The Sugarbush House LLC
Applicant Address:	5631 Sugarbush Lane Flint, MI 48532
Applicant Telephone #:	(810) 577-6080
Licensee Designee:	Jannine Stoddard
Administrator:	Sharon Goodrow
Name of Facility:	Sugarbush House
Facility Address:	5631 Sugarbush Lane Flint, MI 48532
Facility Telephone #:	(810) 577-6080
Application Date:	01/06/2010
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

01/06/2010	Enrollment
01/08/2010	Application Incomplete Letter Sent Current application form.
01/19/2010	Inspection Report Requested - Health
01/19/2010	Application Complete/On-site Needed
01/22/2010	Application Incomplete Letter Sent
01/27/2010	Contact - Telephone call made Scheduling an initial inspection.
02/01/2010	Inspection Completed On-site Initial inspection
02/08/2010	Contact - Document received
02/08/2010	Inspection Completed – BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 5/24/1994.

A. Physical Description of Facility

The house is located in a residential neighborhood west of Dye Rd. and south of Beecher Rd. in Flint Township. It has 4 bedrooms, 4 ½ bathrooms, a living room, multi-purpose room, recreation room, dining room, laundry room, 3-car garage and a partial basement.

The house is a large flat-roofed ranch that was reportedly designed by Frank Lloyd Wright. The exterior is brick and aluminum siding with large windows. The house has one fully enclosed courtyard and another semi-enclosed courtyard.

The interior of the home is of standard lath and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R400.14502, R 400.14503 and R 400.14504.

At the time of the final inspection on 02/01/2010, the kitchen and bathroom areas were inspected and found to be in substantial compliance with rules pertaining to sanitation. Poisons and caustics will be stored in a locked storage cabinet in the garage, away from

food preparation areas. The home has adequate food storage capacity. The refrigerator was equipped with thermometers to monitor the temperature of food storage. The home was also found to meet the minimum requirements regarding food service (R 400.14402) and maintenance of premises (R 400.14403). The home was inspected and given full approval by the Genesee County Health Department on 01/28/2010.

The home has two fireplaces that were inspected and approved by Goyette Mechanical on 02/02/2010. Only the gas-log fireplace will be available for use as a heat source.

The Sugarbush house has an integrated hard-wired smoke detection system and the required fire extinguishers.

The facility's emergency procedures were found posted with written instructions to be followed in case of fire or a medical emergency. Evacuation routes were seen posted in the facility, with emergency telephone numbers identified in close proximity to the telephone. Ms. Stoddard understands the requirements of the Bureau of Children and Adult Licensing relating to the maintenance of fire drill records.

Ms. Stoddard has identified that it is the corporation's intent to conduct fire drills as required at least once each quarter during day time, evening and sleep hours and to maintain a record of these drills.

The bedroom space in the house is as follows:

<u>Location</u>	<u>Dimensions</u>	<u>Square Footage</u>	<u>Capacity</u>
SW bedroom	13' X 12"	156 sq. ft.	1
NE bedroom	11' X 15"	165 sq. ft.	1
N. Center bedroom	14' X 23'	322 sq. ft.	2
NW bedroom	19' X 11'	209 sq. ft.	2
Total capacity = 6 resident			

The living space available in the house is as follows:

<u>Room</u>	<u>Dimensions</u>	<u>Square footage</u>
Living room	32' X 18'	576 sq. ft.
Dining room	12.5' X 25	312 sq. ft.
Multi-purpose room	21' x 22'	462 sq. ft.
Recreation room	39' X 25'	975 sq. ft.
Total living space = 2,325 sq. ft.		

This exceeds the minimum of 35 square feet per resident requirement.

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. Ms. Stoddard intends to provide 24-hour supervision, protection and personal care in the least restrictive environment possible to **six** (6) male and female ambulatory adults who have a diagnosis of a developmental disability, mental illness or aged. 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.

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

Ms. Stoddard is the licensee designee for The Sugarbush House L.L.C., Inc., which is "Limited Liability Corporation" established in Michigan on 12/14/2009. Ms. Stoddard 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 The Sugarbush House LLC. has submitted documentation appointing Jannine Stoddard as Licensee Designee and Sharon Goodrow as Administrator for this facility.

A licensing record clearance request was completed with no lien convictions recorded for Ms. Stoddard. Ms. Stoddard has submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Stoddard has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Ms. Stoddard 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.

Ms. Stoddard 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, Ms. Stoddard 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.

Ms. Stoddard 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, Ms. Stoddard 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.

Ms. Stoddard acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Stoddard indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Stoddard 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. Ms. Stoddard 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.

Ms. Stoddard acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Stoddard 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, Ms. Stoddard 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.

Ms. Stoddard 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home license (capacity 1-6).

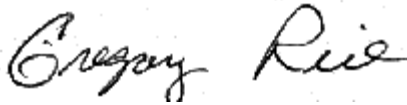


James Clark
Licensing Consultant

02/08/2010

Date

Approved By:



Gregory Rice
Area Manager

02/08/2010

Date