



JENNIFER M. GRANHOLM
GOVERNOR

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



ISMAEL AHMED
DIRECTOR

March 26, 2010

Michael Chaffee
Harmony Pines, Inc.
17460 12 Mile
Big Rapids, MI 49307

RE: Application #: AM540286094
Harmony Pines
15063 180th
Big Rapids, MI 49307

Dear Mr. Chaffee:

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) 758-2717.

Sincerely,

Diane L Stier, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 772-8479

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM540286094
Applicant Name:	Harmony Pines, Inc.
Applicant Address:	15063 180th Big Rapids, MI 49307
Applicant Telephone #:	(231) 796-4757
Administrator/Licensee Designee:	Michael Chaffee, Designee
Name of Facility:	Harmony Pines
Facility Address:	15063 180th Big Rapids, MI 49307
Facility Telephone #:	(231) 796-4757 09/11/2006
Application Date:	
Capacity:	12
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

09/11/2006	Enrollment
09/21/2006	Application Incomplete Letter Sent re: rec. cl. for Michael & Mary Chaffee
09/21/2006	Inspection Report Requested - Health
10/03/2006	Contact - Document Received rec. cl. for Mary
10/12/2006	Application Incomplete Letter Sent Field
10/12/2006	Contact - Telephone call made Called to verify that present owner still has property rights.
10/24/2006	Inspection Completed-Env. Health : A
03/19/2008	Inspection Completed On-site TA to applicant on OFS required.
04/11/2008	Inspection Report Requested - Fire Per licensee, OFS is only lacking this document to proceed....
07/31/2008	Inspection Completed-Fire Safety : A Consultant did not receive at time of inspection.
10/16/2008	Inspection Completed On-site Additional documents needed.
02/11/2010	Inspection Completed On-site
02/11/2010	Inspection Completed On-site
02/26/2010	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located on highway M-20 outside Big Rapids, Michigan. The facility has been licensed continually as an Adult Foster Care home since 1980. According to the *Zoning Clearance* form issued by Big Rapids Township, the facility is "zoned for use as Assisted Living for 6-12 patients as use by right." The applicant has served as the administrator of the facility most recently. The facility consists of six semi-private

bedrooms, living quarters for the live-in night staff, kitchen, living room/dining room, TV room, day room, and two full bathrooms.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating with a 1-3/4 inch solid core 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
NNE	14.2'x12.5'	177.5 sq. ft.	2
NNW	12'x13.5'	162 sq. ft.	2
NW	12'x13.5'	162 sq. ft.	2
SSE	12.5'-14.2'	177.5 sq. ft.	2
SW	12'x13.5'	162 sq. ft.	2
SSW	12'x13.5'	162 sq. ft.	2

The living/dining room, TV room, and day room areas measure a total of 576 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 adults whose diagnosis is developmentally disabled, mentally impaired, or aged, in the least restrictive environment possible. The facility is handicap accessible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills

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 is Harmony Pines, Inc., which is a “For Profit Corporation” that was established in Michigan, in 2004. 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.

Harmony Pines, Inc.. has submitted documentation appointing Michael Chaffee as Licensee Designee and Administrator for this facility.

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

Mr. Chaffee is the licensee for another licensed Adult Foster Care Group home and 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. Note that staff are not necessarily awake during sleeping hours in this facility.

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.

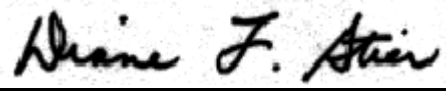
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

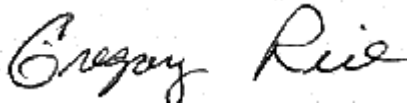
I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).



Diane L Stier
Licensing Consultant

March 26, 2010
Date

Approved By:



Gregory Rice
Area Manager

March 26, 2010
Date