



JENNIFER M. GRANHOLM
GOVERNOR

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



ISMAEL AHMED
DIRECTOR

July 22, 2010

Haven King
Home Sweet Home of Haslett, Inc.
546 Cedar Ridge Dr.
Williamston, MI 48895

RE: Application #: AL330301600
Home Sweet Home of Haslett, Inc.
5917 Edson
Haslett, MI 48840

Dear Ms. King:

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 13 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 (517) 241-2585.

Sincerely,

Barbara K. Williams, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 241-0978

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330301600
Applicant Name:	Home Sweet Home of Haslett, Inc.
Applicant Address:	546 Cedar Ridge Dr. Williamston, MI 48895
Applicant Telephone #:	(517) 242-0606
Licensee Designee:	Haven King
Administrator:	Shellie Finn
Name of Facility:	Home Sweet Home of Haslett, Inc.
Facility Address:	5917 Edson Haslett, MI 48840
Facility Telephone #:	(517) 339-7278 04/09/2009
Application Date:	
Capacity:	13
Program Type:	DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/09/2009	Enrollment
04/15/2009	Application Incomplete Letter Sent
04/22/2009	Contact - Document Received
06/04/2010	Inspection Report Requested - Health
06/23/2010	Inspection Completed-Environmental Health : A
06/30/2010	Inspection Completed-Fire Safety : A
07/09/2010	Application Complete/On-site Needed
07/09/2010	Inspection Completed On-site
07/16/2010	Contact Document Received
07/16/2010	Inspection Completed – Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch-style house located in Haslett, Michigan. The furnace and hot water heater are located in an approved heat plant area. The facility has no basement. The facility is equipped with a sprinkler system and fire alarm system.

The home includes a large great room, a sitting room, a dining area, a kitchen, a food storage/utility room, laundry area, a medication room, an office and reception area, three full bathrooms, a half bathroom, a shower room, five single occupancy resident bedrooms and four double occupancy resident bedrooms.

The home has a screened in front porch and an open deck on the side of the home. The home is in close proximity to stores and public transportation.

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

North Wing Bedrooms

Location	Dimensions	Square Footage	Capacity
Bedroom #1	12.7 X 12	150.9 sq. ft.	1
Bedroom #2	10 X 14	140 sq. ft.	2
Bedroom #3	13.5 X 11	147.6	1

West Wing Bedrooms			
Bedroom #4	9.10 X 14	137.6	2
Bedroom #5	10 X 15	150	2
Bedroom #6	8.9 X 10.9	94	1
East Wing Bedrooms			
Bedroom #7	10.11 X 8.7	93.6	1
Bedroom #8	10 X 14.9	147.5	1
Bedroom #9	13.6 X 11.6	155.2	2

TOTAL CAPACITY 13

The great room, dining room, and sitting room measure a total of 1376 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 thirteen (13) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, 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 **thirteen** (13) male or female adults whose diagnosis is Developmentally Disabled, Aged, Alzheimer's disease, or Physically Handicapped. The facility is wheelchair accessible and the applicant will accept residents who require the use of a wheelchair.

The facility will provide personal care, twenty-four hour supervision, furnished rooms, laundry services and three nutritious meals a day. The licensee will assure the availability of transportation for the residents. 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 and shopping areas.

C. Applicant and Administrator Qualifications

The applicant is Home Sweet Home of Haslett, Inc. is a "Domestic Profit Corporation", which was established in Michigan, on 3/30/2009. 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 Home Sweet Home of Haslett, Inc. has submitted documentation appointing Haven King as Licensee Designee and Shellie Finn as the Administrator of the facility.

A criminal background check did not yield any criminal history results for the appointed licensee designee and administrator. The licensee designee and administrator submitted a statement from physicians documenting their good health and current TB-tine negative results.

The licensee designee and 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 13-bed facility is adequate and includes 2 staff persons –to- 13 residents on the day shifts and 1 staff person during the sleeping hour 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), www.cogentid.com (formerly L-1 Identity SolutionsTM), 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 a temporary license with a maximum capacity of 13 be issued to this facility.



7/22/10

Barbara K. Williams
Licensing Consultant

Date

Approved By:



7/22/10

Betsy Montgomery
Area Manager

Date