



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

October 28, 2010

Marcia Tevelde
Northern Comfort Specialized Care, Inc.
547 Michigan Ave.
Manistique, MI 49854

RE: Application #: AS770308910
Northern Comfort Spec. Care
8082 W US Hwy 2
Manistique, MI 49854

Dear Ms. Tevelde:

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 (906) 226-4171.

Sincerely,

Mark Muscoe, Licensing Consultant
Bureau of Children and Adult Licensing
Suite B - 1504 W. Washington
Marquette, MI 49855-3118
(906) 226-4169

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS770308910

Applicant Name: Northern Comfort Specialized Care, Inc.

Applicant Address: 547 Michigan Ave.
Manistique, MI 49854

Applicant Telephone #: (906) 450-5723

Administrator/Licensee Designee: Marcia Tevelde, Designee

Name of Facility: Northern Comfort Spec. Care

Facility Address: 8082 W US Hwy 2
Manistique, MI 49854

Facility Telephone #: (906) 450-5723

Application Date: 06/03/2010

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/03/2010	Enrollment
06/21/2010	Document Received - Application
06/22/2010	Application Incomplete Letter Sent Document Received/ Building Plan. Contact - Document Sent/ Plan Review.
07/08/2010	Document Sent/ email – Marcia Tevelde re: policies. Document Received / email Marcia Tevelde re: policies.
07/19/2010	Document Sent/ email – Marcia Tevelde.
07/22/2010	Document Sent/ email – Marcia Tevelde re: well/ septic. Document Received/ email – Marcia Tevelde re: well/ septic.
07/23/2010	Document Received/ email – Marcia Tevelde re: budget. Document Sent/ email – Marcia Tevelde.
07/26/2010	Document Sent/ email – Marcia Tevelde. Document Received/ email – Marcia Tevelde
07/27/2010	Document Sent/ email – Marcia Tevelde. Document Received/ email – Marcia Tevelde.
07/31/2010	Document Sent/ email – Marcia Tevelde.
08/02/2010	Document Received/ email – Marcia Tevelde. Document Sent/ email – Marcia Tevelde.
08/04/2010	Contact – Face to Face – Marcia Tevelde
08/05/2010	Contact – Face to Face – Marcia Tevelde.
08/15/2010	Document Received/ email – Marcia Tevelde.
09/01/2010	Inspection Completed On-site.
09/15/2010	Contact - Document Received/ Schoolcraft Co. HD/ Invoice.
09/20/2010	Inspection Completed-Env. Health : A.
09/29/2010	Inspection Completed On-site.
09/30/2010	Contact - Document Sent/ Preliminary on-site inspection.
10/27/2010	Inspection Completed On-site.
10/28/2010	Inspection Completed-BCAL Full Compliance.
10/28/2010	Telephone call made/ Marcia Tevelde.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Northern Comfort Specialized Care is a new six bed small group adult foster care facility. Northern Comfort Specialized Care, Inc. will operate Northern Comfort Specialized Care with a focus on providing services to persons with traumatic brain injuries and who are physically handicapped. Tom and Marcia Tevelde are the owners of this facility, based on documentation provided, and they will lease the facility to the applicant, Northern Comfort Specialized Care, Inc.

The facility is new construction located on US 2, just west of Manistique. The facility was built on a large lot in a semi-rural setting. The facility is very close to case management agencies, medical, dental, psychological and psychiatric services. A hospital, shopping centers and recreational activities are all close to the facility.

The facility has ground level entrances/ exits to the building. There is a large living room/ dining room at the main entrances to the facility. The kitchen of the facility adjoins the living/ dining area with an entrance to the kitchen at the center. The laundry room and a pantry are directly behind the kitchen. The living room/ dining room on the main level measures 32' x 24'6", or 784 sq. ft., providing ample general use area.

There are six single occupancy bedrooms in the facility (two wings with three bedrooms each):

Bedroom #1: 8'7" x 11' 4", or 97 sq. ft.

Bedroom #2: 8'9" x 11'4", or 99 sq. ft.

Bedroom #3: 11'6"x 7'8", 2' x 7'6" alcove, or 103 sq. ft.

Bedroom #4: 11'6"x 7'8", 2' x 7'6" alcove, or 103 sq. ft.

Bedroom #5: 9' x 11'4", or 99 sq. ft.

Bedroom #6: 8'7" x 11'4", 97 sq. ft.

The facility is heated by a Rheem gas forced air furnace, which is located under the facility in a crawl space that can only be accessed from the outside. The furnace, plumbing fixtures and the hot water heater were installed by Paul's Plumbing, a licensed plumbing and heating contractor. Hoholik Electric, a licensed electrical contractor, installed the electrical system of the home and certified it as installed by code and properly functioning. Hoholik Electric installed GFCI devices in bathrooms and kitchen areas. Hoholik Electric also added additional smoke detection units as required by administrative rule. The Schoolcraft County Health Department inspected the septic system and the water supply of the home on 09/17/2010. No rule violations were found with the septic system or the water supply. Mechanical and final plumbing approvals were received from Michigan DLEG, Bureau of Construction Codes on 09/30/2010 and 10/18/2010 respectively. The facility is equipped with a hardwired smoke detection system, which was installed by a licensed electrician and is fully operational. A certificate of occupancy was received from the Schoolcraft County Building Codes Division on 10/25/2010.

B. Program Description

As requested in their application, Northern Comfort Specialized Care, Inc. will provide personal care, supervision and protection to traumatically brain injured individuals. The home is barrier free construction and may accommodate residents that ambulate via wheelchair. All entrances to the facility are at the ground level.

Staff trained by Northern Comfort Specialized Care, Inc., will provide direct care services. Ms. Tevelde is currently a brain injury case manager working with private insurance companies. Ms. Tevelde has experience providing diversified medical case management and vocational rehabilitation services to individuals involved in the workers' compensation or no-fault auto statutes. Ms. Tevelde plans to utilize certified nursing assistants, who will receive additional training to meet all licensing

requirements. A registered nurse is also on staff to provide training, supervision, and oversight of medication administration and medical issues.

The applicant, Northern Comfort Specialized Care, Inc. acknowledged an understanding of their 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.

C. Rule/Statutory Violations

This facility is now in compliance with all applicable small group home administrative rules and with PA 218.

IV. RECOMMENDATION

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



10/28/2010

Mark Muscoe
Licensing Consultant

Date

Approved By:



10/28/2010

Christopher J. Hibbler
Area Manager

Date