



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

February 09, 2011

Felicia Auslander
Lucia Home, LLC
3958 E, Kawkawlin River
Bay City, MI 48706

RE: Application #: AS090309994
Lucia House 2
3948 E Kawkawlin River
Bay City, MI 48706

Dear Ms. Auslander:

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 3 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,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
P.O. Box 1609
Midland, MI 48641
(989) 835-7739

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS090309994
Applicant Name:	Lucia Home, LLC
Applicant Address:	3958 E, Kawkawlin River Bay City, MI 48706
Applicant Telephone #:	(989) 894-0769
Administrator/Licensee Designee:	Felicia Auslander, Designee
Name of Facility:	Lucia House 2
Facility Address:	3948 E Kawkawlin River Bay City, MI 48706
Facility Telephone #:	(989) 894-0769
Application Date:	08/23/2010
Capacity:	3
Program Type:	AGED

II. METHODOLOGY

01/03/2010	Contact - Document Received
01/03/2010	Contact - Telephone call made to applicant regarding budget sheets and income statements.
08/23/2010	Enrollment
08/25/2010	Application Incomplete Letter Sent re: Record Clearance for Licensee Designee, Felicia Auslander and Administrator, Debra Dufresne.
09/02/2010	Inspection Completed On-site
10/18/2010	Application Incomplete Letter Sent
12/06/2010	Inspection Completed On-site
12/06/2010	Inspection Completed-Fire Safety : A
12/28/2010	Contact - Document Received
01/06/2011	Contact - Document Received
01/07/2011	Contact – Telephone call to Felicia Auslander.
02/09/2011	Contact – Document – Record Clearance received for Administrator.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lucia House #2 is located at 3958 E., Kawkawlin River Drive in Bay City, Michigan. The home is a ranch style, wood frame home, built on a slab. The home is a three bedroom, 1 bathroom, living room, kitchen dining area, laundry, furnace room and a family room. The home is in Bangor Township and occupants can utilize the public transportation system to access shopping, medical appointments, recreational options and the local public services. The facility is located within 8 miles of Bay Regional Medical Hospital. There is ample off street parking to accommodate visitors and staff.

The furnace and hot water heater are located on the main floor with a fire door and a self-closing device. The fire door is a 1-3/4 inch solid core door in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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
1	8' x 10.8'	80	1
2	11' x 12.2'	134.2	2

The living, dining, and sitting room areas measure a total of 191 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 **three (3)** 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 three (3) male or female ambulatory adults whose diagnosis is Aged or mentally ill, 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. Residents will be referred from Bay Arenac Behavioral Health and Region 7 Area on Aging.

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 Lucia Home, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 10/31/2008. 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 Lucia Home, L.L.C. has submitted documentation appointing Felicia Auslander as Licensee Designee for this facility and Debra Sue Dufrense as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician 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 3-bed facility is adequate and includes a minimum of 1 staff –to- 3 residents per 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), finger printing by Cogent Solutions, Inc., 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 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.

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 small group home (capacity 1-6).



02/09/2011

Mary T. Fischer
Licensing Consultant

Date

Approved By:



02/21/2011

Deborah Clark
Area Manager

Date

