

RICK SNYDER GOVERNOR

#### State of Michigan DEPARTMENT OF HUMAN SERVICES BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN DIRECTOR

January 27, 2011

Santa Thompson Ordish AFC Home Inc. 138 Lexington St Sandusky, MI 48471

> RE: Application #: AM760308076 Ordish AFC Home Inc. 138 Lexington St Sandusky, MI 48471

Dear Ms. Thompson:

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,

Brene O Varier

Bruce A. Messer, Licensing Consultant Bureau of Children and Adult Licensing 411 Genesee P.O. Box 5070 Saginaw, MI 48605 (989) 758-2743

enclosure

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

# I. IDENTIFYING INFORMATION

License #:	AM760308076	
Applicant Name:	Ordish AFC Home Inc.	
Applicant Address:	138 Lexington St Sandusky, MI 48471	
Applicant Telephone #:	(810) 648-2648	
Administrator/Licensee Designee:	Santa Thompson, Designee	
Name of Facility:	Ordish AFC Home Inc.	
Facility Address:	138 Lexington St Sandusky, MI 48471	
Facility Telephone #:	(810) 645-2648	
Application Date:	05/06/2010	
Capacity:	12	
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED PHYSICALLY HANDICAPPED	

# II. METHODOLOGY

05/06/2010	Enrollment
05/11/2010	Inspection Report Requested - Fire
05/11/2010	Inspection Report Requested - Health
05/21/2010	Application Incomplete Letter Sent
01/18/2011	Inspection Completed-Env. Health : A
01/13/2011	Inspection Completed- Fire Safety : A
01/18/2011	Application Complete/On-site Needed
01/20/2011	Inspection Completed On-site
01/27/2011	Inspection Complete – BCAL Full Compliance

# III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Ordish AFC Home is located in a quite residential neighborhood within the rural village of Sandusky, Michigan. The surrounding area is comprised of single family residential homes on mature tree lined streets. Medical, social service, religious facilities are all located within this community. Shopping and social activities are located within walking distance of the home and a church is even located next door. The home is a large two story home that has been converted into a residential care adult foster care home. The "additions" are all on the first level of the home and no residents will be housed above the first level of the home. Ten of the 12 bedrooms are single bed private rooms with one bedroom being a shared bedroom.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. 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.

On January 13, 2011 the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On January 18, 2011, the home was inspected by the Sanilac County Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 -6	10'5"X9'3" with	88 Square Feet of	1 each
	intrusive closet of	usable floor space	
	2'5"X3'6"		
7-10	9'X11'10"	107 Square Feet of	1 each
		usable floor space	
11	11'7"X12'7"	146 Square Feet of	2
		usable floor space	

The living, dining, and sitting room areas measure a total of 607 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 **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 ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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 local community mental health and social service agencies, local hospitals and the general public.

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 Ordish AFC Home Inc., which is a "For Profit Corporation" and was established in Michigan, on December 11, 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 Ordish AFC Home Inc., has submitted documentation appointing Santa Thompson as Licensee Designee and Administrator for this 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 12-bed facility is adequate and includes a minimum of 1 staff –to- 12 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 <u>regular</u>, <u>ongoing</u>, "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 (<u>www.miltcpartnership.org</u>), Cogent Systems Inc., 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 adult foster care small/large group home (capacity 1 - 20).

Brene Of Kasen January 28, 2011

Bruce A. Messer Licensing Consultant

Date

Approved By:

January 28, 2011

Ardra Hunter Area Manager Date