



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 13, 2011

Anna Hinton
Pioneer Resources
1145 E Wesley Avenue
Muskegon, MI 49442

RE: Application #: AS610314679
Marcoux Home
1465 Marcoux Avenue
Muskegon, MI 49442

Dear Ms. Hinton:

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 effective 11/01/2011 through 04/30/2012.

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, you may contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa Avenue, N.W.
Grand Rapids, MI 49503-2337
Desk: (616) 356-0111

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS610314679
Applicant Name:	Pioneer Resources
Applicant Address:	1145 E Wesley Avenue Muskegon, MI 49442
Applicant Telephone #:	(231) 773-5355
Administrator/Licensee Designee:	Anna Hinton, Designee
Name of Facility:	Marcoux Home
Facility Address:	1465 Marcoux Avenue Muskegon, MI 49442
Facility Telephone #:	(231) 773-3428
Application Date:	08/03/2011
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/03/2011	Enrollment
08/08/2011	Contact - Document Sent Rule & Act Books
08/08/2011	File Transferred To Field Office Grand Rapids
08/10/2011	Comment application received in Grand Rapids
08/17/2011	Application Incomplete Letter Sent
09/14/2011	Contact - Document Received Applicants sent requested documents.
09/14/2011	Application Complete/On-site Needed
09/20/2011	Inspection Completed On-site
09/20/2011	Inspection Completed-BCAL Sub. Compliance
09/22/2011	Contact - Document Received Received proof the smoke detectors have been inspected.
09/28/2011	Contact - Document Received Received proof the paneling is class c or better. Sent email to Anna Hinton.
10/03/2011	Contact - Document Received From Pioneer Resources, confirming loose doorknobs have been taken care of.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This stick built one-story ranch on a cement pad has brick and vinyl siding. It is located in a residential neighborhood. All resident bedrooms and bathrooms are located on the main floor, as is the living room, kitchen, and dining room. The facility is wheelchair accessible and had two accessible means of egress with ramps. The home is serviced by public water and sewer.

The gas furnace and hot water heater are located on the main floor in a room that is only accessible from the garage. This room is constructed of materials that provide a 1-

hour-fire-resistance rating with the equivalent of a 1-3/4 inch solid core door in a fully stopped frame. The door is equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with a hardwired smoke detection system, with battery backup, 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	10'11" x 15'	161.8	2
2	10'9" x 15'	161.25	2
3	10'9"x 15'3"	163.93	2
4	10'10" x15'3"	165.15	2

The living, dining, and sitting room areas measure a total of 544.2 square feet of living space. This complies with the rule requiring a minimum of 35 square feet per occupant.

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 **six (6)** male or female adults whose diagnosis is developmentally disabled 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. The applicant intends to accept residents from Muskegon County-CMH.

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 transportation for 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 Pioneer Resources, Inc., which is a Non Profit Corporation established in Michigan on 09/29/1955. 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 Pioneer Resources, Inc. has submitted documentation appointing Anna Hinton as Licensee Designee for this facility. An administrator has not yet been designated.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee. The licensee designee has submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee 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 6 bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) 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.

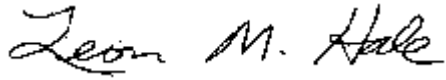
The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

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.

IV. RECOMMENDATION

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



10/13/2011

Leon M. Hale
Licensing Consultant

Date

Approved By:



10/13/2011

Jerry Hendrick
Area Manager

Date