



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 18, 2011

St. Jude's Assisted Living, Inc
509 South 22nd Street
Escanaba, MI 49829

RE: Application #: AL210303633
St. Jude's AFC Home I
509 South 22nd Street
Escanaba, MI 49829

Dear Mr. Duane Beauchamp:

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 17 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 Deborah Clark, Area Manager, at (906) 228-2852.

Sincerely,

Theresa Norton, Licensing Consultant
Bureau of Children and Adult Licensing
305 Ludington St
Escanaba, MI 49829
(906) 789-4606

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL210303633

Applicant Name: St. Jude's Assisted Living, Inc

Applicant Address: 509 South 22nd Street
Escanaba, MI 49829

Applicant Telephone #: (906) 786-3386

Administrator/Licensee Designee: Jessica Johnson, Administrator
Duane Beauchamp, Licensee Designee

Name of Facility: St. Jude's AFC Home I

Facility Address: 509 South 22nd Street
Escanaba, MI 49829

Facility Telephone #: (906) 786-3386

Application Date: 07/28/2009

Capacity: 17

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS

II. METHODOLOGY

07/28/2009	Enrollment
07/30/2009	Application Incomplete Letter Sent re: 1326 for Duane
07/30/2009	Inspection Completed-Env. Health : A
10/27/2009	Contact - Document Received rec. cl. for Duane
08/28/2010	Inspection Completed-Env. Health : A
02/11/2011	Inspection Completed-Fire Safety : A
03/15/2011	Inspection Completed On-site
03/15/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

NOTE: This home is currently licensed by Duane and Patricia Beauchamp (AL210264933). There is a letter on file requesting withdrawal of the current license when licensure is granted to St. Jude's Assisted Living, Inc.

The facility is centrally located in Escanaba and is close to schools, parks, and shopping areas. The structure is a single-story masonry building with 13 single-bed and 2 double-bed bedrooms. The building is constructed with a complete automatic fire sprinkling system and a full fire safety approval was granted on 02/11/2011 by the Bureau of Fire Safety.

The facility is serviced by municipal water and sewage. The Delta County Public Health Department conducted a final inspection of the facility's environmental health conditions on 08/28/2010. The Health Department recommendation determined that the facility is in substantial compliance with all applicable rules.

The facility has the square footage necessary to accommodate up to 17 residents as requested on the application. The facility is fully equipped with required furnishings, linens, and dishware.

Individual bedrooms have the following dimensions:

Bedroom #1	103 sq. ft.	Approved Capacity 1
Bedroom #2	147 sq. ft.	Approved Capacity 1
Bedroom #3	141 sq. ft.	Approved Capacity 2
Bedroom #4	181 sq. ft.	Approved Capacity 2
Bedroom #5	139 sq. ft.	Approved Capacity 1
Bedroom #6	139 sq. ft.	Approved Capacity 1
Bedroom #7	139 sq. ft.	Approved Capacity 1
Bedroom #8	139 sq. ft.	Approved Capacity 1
Bedroom #9	139 sq. ft.	Approved Capacity 1
Bedroom #10	139 sq. ft.	Approved Capacity 1
Bedroom #11	139 sq. ft.	Approved Capacity 1
Bedroom #12	139 sq. ft.	Approved Capacity 1
Bedroom #13	139 sq. ft.	Approved Capacity 1
Bedroom #14	139 sq. ft.	Approved Capacity 1
Bedroom #15	93 sq. ft.	Approved Capacity 1

B. Program Description

The facility proposes to serve adults that are Mentally Ill, Developmentally Disabled, and/or Aged. The admission policies, program statements, discharge policy, refund policy, personnel policies, and job descriptions were reviewed and accepted as written. The facility will also serve Alzheimer's residents. A separate and approved program statement has been submitted and is on file.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. The facility will encourage family involvement and social activities. The program will also promote and encourage cooperation, self-direction, independence and normalization.

Transportation to local medical appointments will be provided by the home as needed.

Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Duane Beauchamp and Jessica Johnson, licensee designee and administrator. The licensee designee/administrator submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The licensee acknowledged 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensees expressed that FBI fingerprinting and the Michigan State Police LEIN system will be utilized as the process to identify criminal history when assessing good moral character.

The licensee acknowledged 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 licensee 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 licensee acknowledged 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 licensee acknowledged responsibility to maintain a current employee record on file in the home for the licensees, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The licensee acknowledged 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 licensee has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee acknowledged that written facility menus shall reflect three well-balanced and nutritious meals daily. The licensee is aware of and intends to comply with the provision of special diets that may be required for any resident. The licensee also wants to strive for a healthy menu for residents by cooking and using fresh, whole foods.

The licensee acknowledged 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 licensee acknowledges his 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.

C. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

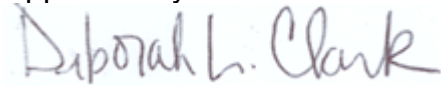


05/18/2011

Theresa Norton
Licensing Consultant

Date

Approved By:



5/19/11

Deborah Clark
Area Manager

Date