



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

February 29, 2012

Sheena Porritt  
726 Sheridan  
Big Rapids, MI 49307

RE: Application #: AS540316555  
Tender Care Manor 1  
728 Sheridan  
Big Rapids, MI 49307

Dear Ms. Porritt:

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 March 1, 2012.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Diane L Stier, Licensing Consultant  
Bureau of Children and Adult Licensing  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 772-8479

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS540316555
<b>Applicant Name:</b>	Sheena Porritt
<b>Applicant Address:</b>	726 Sheridan Big Rapids, MI 49307
<b>Applicant Telephone #:</b>	(231) 580-4034
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Tender Care Manor 1
<b>Facility Address:</b>	728 Sheridan Big Rapids, MI 49307
<b>Facility Telephone #:</b>	(231) 580-4034 12/09/2011
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

## **II. METHODOLOGY**

12/09/2011	Enrollment
12/15/2011	Contact - Document Sent Rules & Act booklets
12/15/2011	Lic. Unit file referred for criminal history review File to Mary H for Sheena
02/09/2012	Inspection Completed On-site
02/23/2012	Inspection Completed On-site
02/29/2012	Contact - Document Received Revised policies and photo of bedroom door installation.
02/29/2012	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

Tender Care Manor I, at 728 Sheridan Street is located within the city of Big Rapids, approximately one mile northwest of the downtown area. Public transportation is available. The property is owned by Sheena Porritt and Robert Ellis.

Tender Care Manor I is half an older single-story duplex home, with wood siding and a full basement. (The other duplex is licensed as an adult foster care family home, Tender Care Manor II. The two facilities are separated by a steel fire door that is kept closed.) The home is not accessible to persons who regularly require the use of a wheelchair.

The home has a city water and sewer. The furnace and hot water heater are located in a utility room in the basement, with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. Interconnected smoke detectors have been installed as required. Additional battery-powered, single station smoke detectors have been installed near sleeping areas, in the living room, and near the furnace. Fire extinguishers are installed on each floor of the home. Written emergency procedures and an evacuation plan have been posted in the home.

A full bath is available on each level of the home. The main floor has two resident bedrooms, a sitting/computer room, kitchen, and dining area. A third resident bedroom is located on the lower level, and has an emergency egress window. There is also a large living area on the lower level. The dining and sitting area on the main floor and the living area on the lower level measure a total of 710 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. .

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9.9' x 14.3'	142 sq.ft.	2
2	11.3' x 13.1'	148 sq.ft.	2
3	10.4' x 12.6'	131 sq.ft.	2

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 ambulatory adults whose diagnosis is aged, 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

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 has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

Applicant Sheena Porritt will also serve as Administrator of the facility. A licensing record clearance request was completed with no lein convictions recorded for the Ms. Porritt. Ms. Porritt submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Porritt is a Certified Nurse Aide and 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- 6 residents per shift. Staff shall be awake during sleeping hours as needed, to provide protection, care, and supervision according to current resident assessment plans.

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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), 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.

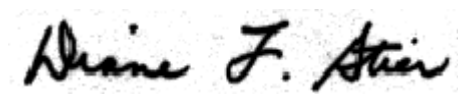
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

### **VI. RECOMMENDATION**

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



Diane L Stier  
Licensing Consultant

February 29, 2012

Date

Approved By:



02/29/2012

Jerry Hendrick  
Area Manager

Date