



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

August 30, 2012

Rashalle Austin  
Unity Group II, LLC  
63 Wood Drive  
Coldwater, MI 49036

RE: Application #: AS120336139  
Unity Group II  
63 Wood Drive  
Coldwater, MI 49036

Dear Ms Austin:

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 5 is issued.

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,

Kenneth Tindall, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS120336139

**Applicant Name:** Unity Group II, LLC

**Applicant Address:** 63 Wood Drive  
Coldwater, MI 49036

**Applicant Telephone #:** (517) 617-9591

**Administrator/Licensee Designee:** Rashalle Austin, Designee

**Name of Facility:** Unity Group II

**Facility Address:** 63 Wood Drive  
Coldwater, MI 49036

**Facility Telephone #:** (517) 617-9591

**Application Date:** 08/08/2012

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

08/08/2012	Enrollment
08/10/2012	PSOR on Address Completed
08/10/2012	Contact - Document Sent Rules & Act booklets
08/10/2012	Application Incomplete Letter Sent FP's for Rashalle
08/17/2012	Contact - Document Received FP's for Rashalle
08/22/2012	Application Complete/On-site Needed
08/27/2012	Contact - Document Received facility documents
08/27/2012	Inspection Completed On-site
08/29/2012	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This 1-story modular ranch style house with crawl space and attached 2-car garage is located in a residential neighborhood within the city limits of Coldwater, MI. The owner of the property is leasing to the applicant; Unity Group II, LLC. On file are copies of the lease agreement, proof of ownership, and permission from the owner for the property to be used as a licensed adult foster care home and for the Department to conduct on-site inspections.

The living area includes a sitting room, kitchen, dining room, living room, heat plant room, 2 full bathrooms, and 3 resident bedrooms. The home is not wheelchair accessible.

The home utilizes public water and sewer. An on-site inspection verified compliance with rules relating to environmental health.

An on-site inspection verified compliance with fire safety rules. A gas furnace, gas water heater, and gas clothes dryer are all located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with an approved steel door in a fully stopped frame, and is equipped with an automatic self-closing device and positive-latching hardware. On file is verification that the furnace and water

heater were inspected and approved by a qualified inspection service. The facility is equipped with an interconnected, hardwired smoke detection system with battery backup; and a wireless interconnected smoke detection system that are installed in required areas. On file is verification these smoke detection systems were inspected and approved by a qualified inspection service.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'2" by 10'2"	135	2
2	13'2" by 9'6"	116	1
3	13'4" by 14'	186	2

The living, dining, and sitting room areas measure a total of 523 square feet of living space. This exceeds the minimum requirement of 35 square feet per occupant.

Based on the above information, it is concluded that this facility can accommodate **five (5)** 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 **five (5)** male ambulatory adults that may include developmentally disabled, mentally ill or physically handicapped populations. The applicant intends to provide specialized care for the mentally ill and developmentally disabled populations.

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.

Transportation services provided by the applicant will be specified in the resident care agreement. Emergency transportation is available by dialing 911. The applicant will make reasonable provision for a varied supply of leisure and recreational equipment and activities that are appropriate to the number, care, needs, age, and interests of the residents.

### **C. Applicant and Administrator Qualifications**

The applicant is Unity Group II, LLC, which is a "Domestic Limited Liability Company", established August 1, 2012. The applicant submitted a balance sheet, cash flow

projection and financial information on the application to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Unity Group II, LLC have submitted documentation appointing Rashelle Austin as Licensee Designee for the corporation and Administrator of the facility.

Fingerprinting and a licensing record clearance LEIN was completed with no convictions recorded for Ms. Austin. Ms. Austin also submitted a medical clearance with a statement from a physician documenting her good health and current TB-tine negative results.

Ms. Austin has extensive experience working as administrator for adult foster care group homes that provide care to the populations identified on this application. Ms. Austin 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 5 bed facility is adequate and includes a minimum of 1 staff to 5 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 program statement indicates that direct care staff will be awake during sleeping hours.

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 applicant understands the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://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 residents' 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.

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

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

### III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 5).

*Kenneth Tindall*

08/30/2012

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Kenneth Tindall  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

08/30/2012

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Jerry Hendrick  
Area Manager

Date