



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

September 19, 2012

Rowena Goerbig  
Realcare Adult Foster Care L.L.C.  
602 White Pine Drive  
Cadillac, MI 49601

RE: Application #: AS830316692  
Real Care Adult Foster Care L.L.C.  
602 White Pine Drive  
Cadillac, MI 49601

Dear Ms. Goerbig:

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.

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,

Bruce A. Messer, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS830316692

**Applicant Name:** Realcare Adult Foster Care L.L.C.

**Applicant Address:** 602 White Pine Drive  
Cadillac, MI 49601

**Applicant Telephone #:** (231) 468-2823

**Administrator/Licensee Designee:** Rowena Goerbig, Designee

**Name of Facility:** Real Care Adult Foster Care L.L.C.

**Facility Address:** 602 White Pine Drive  
Cadillac, MI 49601

**Facility Telephone #:** (231) 468-2823

**Application Date:** 12/19/2011

**Capacity:** 6

**Program Type:** AGED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

12/19/2011	Enrollment
01/04/2012	Application Incomplete Letter Sent needs 1326 for Rowena Goerbig
02/24/2012	Application Incomplete Letter Sent
09/12/2012	Application Complete/On-site Needed
09/12/2012	Inspection Completed On-site
09/12/2012	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Realcare AFC home is a large two level contemporary style home located in a quiet residential neighborhood surrounding the Briar South golf course. The nearby city of Cadillac is located approximately 5 miles away. The home has three resident bedrooms, a resident living area, dining area, kitchen and two bathrooms all on the lower level. The upper level will be occupied by the Licensee Designee, her husband and their one child. The home is wheelchair accessible, having two approved means of egress that lead directly out from the resident level of the facility.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating and has a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

On January 12, 2012, the home was inspected by the Wexford 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	13'6"X12'	152	2
2	12'X12'6"	150	2
3	26'6"X12'9"	306	2

The living, dining, and sitting room areas measure a total of 393 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 **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 **6** male or female ambulatory or non-ambulatory adults who are aged or who are diagnosed with a physical handicap in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Physically Handicapped will include will include physical and occupational therapy as prescribed, assistance with activates of daily living and community interaction.

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 libraries, local museums, shopping centers, and local parks.

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

The applicant is Realcare Adult Foster Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on November 15, 2011. 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 Realcare Adult Foster Care, L.L.C. has submitted documentation appointing Rowena Goerbig as Licensee Designee and Administrator for this facility.

A criminal history background check was conducted for the Licensee Designee/Administrator. She has been determined to be of good moral character. The Licensee Designee/Administrator submitted a statement from a physician documenting her good health and current negative TB-tine results.

The applicant 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 during awake hours and 1 staff –to-6 residents during sleeping hours. All staff will be allowed to sleep during sleeping hours. The facility does have an audio monitoring system that is used 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 facilities 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 training suitability 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)), 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 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 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant 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 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 that residents with mobility impairments may only reside on the main floor of the facility.

#### **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).

 September 19, 2012

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Bruce A. Messer Date  
Licensing Consultant

Approved By:

 September 19, 2012

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Jerry Hendrick Date  
Area Manager