



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 9, 2013

Philip Campau, Jr.
Michigan Pure, L.L.C.
3100 N. Parma Road
Parma, MI 49269

RE: Application #: AS460316757
Jacqueline House Assisted Living
234 Woodstock Street
Cement City, MI 49233

Dear Mr. Campau, Jr.:

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 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 the local office at (517) 241-2585.

Sincerely,

Dennis R Kaufman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 3013
1040 S. Winter
Adrian, MI 49221
(517) 260-3583

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS460316757
Applicant Name:	Michigan Pure, L.L.C.
Applicant Address:	3100 N. Parma Road Parma, MI 49269
Applicant Telephone #:	(517) 206-7489
Administrator/Licensee Designee:	Pamela Campau, Administrator Philip Campau, Jr., Licensee Designee
Name of Facility:	Jacqueline House Assisted Living
Facility Address:	234 Woodstock Street Cement City, MI 49233
Facility Telephone #:	(517) 206-7489
Application Date:	01/05/2012
Capacity:	6
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

01/05/2012	Enrollment
01/09/2012	Contact - Document Sent Rules & Act booklets
01/09/2012	Inspection Report Requested - Health Inv. #1019757
01/18/2012	Application Incomplete Letter Sent
10/09/2012	Inspection Completed-Environmental Health : A
11/19/2012	Application Complete/On-site Needed
11/20/2012	Inspection Completed On-site
11/20/2012	Inspection Completed-BCAL Sub. Compliance
12/21/2012	Contact - Face to Face Conducted on-site follow-up meeting with applicant.
01/09/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located on a large corner lot in Cement City. The facility is an older two story building with a basement. The resident living area will be located on the ground floor only. The upper level of the home will be used for a staff office and the basement area contains the furnace and hot water heater.

The facility has a circular drive which allows access to either street on the corner lot. The facility meets criteria for wheelchair accessibility. The primary entrance for residents is located off the back of the facility; this entrance is on ground level and leads directly into the facility. The second identified resident exit is located on the north side of the facility which leads to a newly installed deck which has a wheelchair ramp that leads away from the facility and ends on a sidewalk.

The primary entrance opens to a large utility room where the washer and dryer are located. Continuing through this room leads into a recently remodeled kitchen and dining area. To the right of the kitchen is a hallway which starts a section of the facility that is newly constructed and well designed to serve individuals with mobility needs. Immediately entering the hallway is a built in medication cabinet area and the entry way

to the basement. Further down the hallway is a full handicapped accessible bathroom and two resident bedrooms. Going back to the kitchen and going through another entryway will lead to a large living room that leads to a built in porch and also to a third resident bedroom which has a full handicapped bathroom. This area was also recently renovated and the bathroom is well equipped to serve individuals with a physical mobility need. The entryway to the second floor is located off the resident living room, but this door will always be locked and the upstairs will only be used by employees. This facility is air conditioned through a central air conditioning unit.

The facility has a private water supply and sewage disposal system, both of these being inspected by the Lenawee County Department of Public Health on 10/09/12 and given full approval.

The basement contains the furnace, hot water heater, and electrical panel. The basement is accessed through an approved fire rated door containing a self closing device. The gas fired forced air furnace has been recently inspected and is in good operating condition. The facility has a new gas fired hot water heater which also contains a device which assures a constant hot water temperature so that it will never exceed 120 degrees Fahrenheit. The electrical panel is all new and has been approved by an electrical inspector.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located on all levels of the facility and in required areas such as the outside of sleeping areas and the kitchen area. The resident living room has a fireplace; the applicant has stated in writing that this fireplace will not be utilized.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total # of Beds
#1- N.W. Bedroom	16' 3" x 8' 4"	135 sq. ft.	2 beds
#2- S.W. Bedroom	14' x 10'	140 sq. ft.	2 beds
#3- S. E. Bedroom	13' x 12' 9"	166 sq. ft.	2 beds

The indoor living and living areas measure a total of 375 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 6 (male/female) residents who are aged (60 years or older), physically handicapped, or have Alzheimer's. As stated in the admission policy- "The program will provide a home-based setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Jacqueline House Assisted Living aims to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The goal of this home is for the residents to become as self-sufficient as possible and for their needs to be met in a dignified and humane manner." The applicant intends to accept individuals with private sources of payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

C. Applicant and Administrator Qualifications

The applicant is Michigan Pure, L.L.C. and is a "For Profit Domestic Limited Liability Company" having been formed on 1/14/2004. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs demonstrates it has an active status and that Philip Campau is the Resident Agent. 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. Mr. Campau is the sole owner and member of the L.L.C. and has stated in writing the appointment of himself as the licensee designee and his wife, Pam Campau as the facility administrator.

Criminal background checks of Philip Campau and Pamela Campau were completed and they were determined to be of good moral character to provide licensed adult foster care. Mr. & Mrs. Campau submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Philip Campau and Pamela Campau have both provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Campau's business experience consists of 17 years of being a business owner in the industrial and home security industry and 11 years experience running a business focusing on residential marble countertops, showers, and bathtubs. Mr. Campau has two years experience providing in-home services to individuals whom had significant medical and Alzheimer's service needs. Pamela Campau's management experience consists of running her own floral design shop as well as being an office manager for another company which required her to supervise employees as well as interacting directly with customers. Ms. Campau has 10 years of in-home direct service experience with individuals with significant medical and Alzheimer's service needs.

Both Mr. and Mrs. Campau received their required training through the Michigan Assisted Living Association and have provided copies of this training.

The staffing pattern for the original license of the 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the responsibility to maintain all required documentation in each employee's record for each 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuable and intends to comply. The applicant acknowledged 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 audit 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

Compliance with the licensing act and administrative rules related to the physical plan has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

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



1/9/13

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



1/10/13

Mary Holton
Area Manager

Date