



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 23, 2013

Yuvon Boomershine
Galesburg Retirement Home LLC
PO Box 436
Galesburg, MI 49053

RE: Application #: AM390337021
Galesburg Retirement Home
11218 Miller Dr.
Galesburg, MI 49053

Dear Mrs. Boomershine:

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 12 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,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM390337021

Applicant Name: Galesburg Retirement Home LLC

Applicant Address: 11218 Miller Dr.
Galesburg, MI 49053

Applicant Telephone #: (269) 665-9529

Administrator/Licensee Designee: Yuvon Boomershine, Designee

Name of Facility: Galesburg Retirement Home

Facility Address: 11218 Miller Dr.
Galesburg, MI 49053

Facility Telephone #: (269) 665-9529

Application Date: 10/08/2012

Capacity: 12

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/24/2012	Inspection Completed-Environmental Health : A
10/08/2012	Enrollment
10/10/2012	Application Incomplete Letter Sent Fingerprint for Yuvon Boomershine
10/10/2012	Comment Due to only a change in licensee name new EHI & FS inspections are not needed per consultant. Current inspections have already been done.
10/18/2012	Contact - Document Received Fingerprint for Yuvon Boomershine
10/18/2012	Application Complete/On-site Needed
10/18/2012	File Transferred To Field Office Kalamazoo
10/23/2012	Application Incomplete Letter Sent
11/01/2012	Inspection Completed On-site
11/26/2012	Contact - Document Sent confirming letter
01/10/2013	Inspection Completed On-site
01/10/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Galesburg Retirement Home has been licensed as a 12 bed medium group home since 1989 to individual licensees. A new application has been submitted with a corporate licensee.

The Charleston Township Zoning Board issued a special use exemption to operate a 12 bed adult foster care group home in April 1987.

This is a two story home that has had a single story wing built on for additional resident space. The home is located in a semi-rural area of Galesburg. The licensee designee Yuvon Boomershine resides in the facility on the first floor. Her son, daughter in law

and grandson reside in the second floor living space. Barbara Belland, the administrator and daughter of Mrs. Boomershine, resides in a house next door to the facility.

The first floor resident wing contains 8 bedrooms and a living room for resident use. The kitchen and resident dining room are also contained on the first floor, as is the licensee's personal living area. The home has two means of egress at ground level to accommodate wheelchair users.

Each resident bedroom contains a half bath, consisting of toilet and hand washing sink. A full bathroom, including bathing, is located in the resident bedroom wing. A second bathroom, consisting of toilet, sink, and shower stall is located off of the dining room for resident bathing use.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12x13	156	1
2	11x17	187	2
3	11x17	187	2
4	11X17	187	2
5	11X17	187	2
6	11X13	143	1
7	11X12	132	1
8	11X12	132	1

While there is sufficient bedroom space for 16 residents, the licensee has requested a maximum capacity of 12. Smaller sized bedrooms will only contain one resident bed, while the larger rooms will be used for double occupancy when the facility is at maximum capacity.

The ground floor resident and licensee living, dining, and sitting room areas measure a total of 1599 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

This facility has a private well and sewage disposal system. The existing license was renewed on November 23, 2012 and an Environmental Health inspection was conducted for that renewal. On September 24, 2012 a sanitarian from the Kalamazoo County Health & Community Services Department issued an "A" rating indicating substantial compliance with applicable rules.

The Bureau of Fire Safety conducted an annual inspection on the existing license and on November 15, 2012 issued approval until the next inspection. I have been informed by BFS Plan Review Division that because this new application involves only a change of licensee and not a change in license category or new construction, a review of plans

and new on-site inspection are not required. BFS will conduct an annual inspection as usual. The facility is equipped with an approved pull station alarm system.

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 **twelve** (12) elderly men or women who are able to feed and clothe themselves and take care of their bathroom needs. Bathing assistance will be provided. The program goal is to maintain or improve the current level of functioning within the foster care setting and minimize deterioration.

In home recreation will be provided, such as card and table games and movie night. The licensee expects families to transport to medical appointments and community events. The facility is on a Care-A-Van route which may be utilized if family cannot transport. Emergency transportation is available through various ambulance services.

C. Applicant and Administrator Qualifications

The applicant is Galesburg Retirement Home, L.L.C., which is a “Domestic Limited Liability Company”, and was established in Michigan, on 10/02/2007. 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 members of Galesburg Retirement Home, L.L.C. have submitted documentation appointing Yuvon Boomershine as Licensee Designee for this facility and Barbara Belland as the Administrator of the facility.

A criminal background checking using fingerprints was conducted with no convictions recorded for Mrs. Boomershine or Ms. Belland. The licensee designee and administrator submitted medical clearance requests with physician statements documenting their good health and current TB-tine negative results.

The two adult household members also have background checks with no convictions and have submitted evidence of good physical health and current TB test results.

The licensee designee and administrator have 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 12 bed facility is adequate and includes a minimum of one staff –to- twelve 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 applicant has indicated that direct care staff will not be awake 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 facility’s 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 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 licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (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 resident's 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.

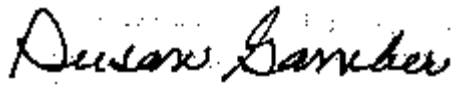
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care group home capacity 12.



January 23, 2013

Susan Gamber
Licensing Consultant

Date

Approved By:



January 23, 2013

Jerry Hendrick
Area Manager

Date