



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 31, 2013

Rashalle Austin
Unity Group III LLC
1831 Case Drive
Union City, MI 49094

RE: Application #: AS130337802
Unity Group III LLC
1831 Case Drive
Union City, MI 49094

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 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,

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 #: AS130337802

Applicant Name: Unity Group III LLC

Applicant Address: 1831 Case Drive
Union City, MI 49094

Applicant Telephone #: (517) 617-9591

Administrator/Licensee Designee: Rashalle Austin, Designee

Name of Facility: Unity Group III LLC

Facility Address: 1831 Case Drive
Union City, MI 49094

Facility Telephone #: (517) 617-9591

Application Date: 12/04/2012

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/04/2012	Enrollment
12/06/2012	Application Incomplete Letter Sent 1326 for administrator, Renae Clark; EHI request
12/28/2012	Application Complete/On-site Needed
01/02/2013	Comment app rec'd in GR / file forwarded to Kazoo
01/14/2013	Inspection Completed-Env. Health : A
01/30/2013	Contact - Document Received facility and other required documents.
01/30/2013	Inspection Completed On-site
01/30/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility:

This is a change of ownership as this home has been licensed as an adult foster care small group home since February 2007. The applicant, Unity Group III LLC, is leasing the property from the owner, Angelic Solutions, LLC. On file is a copy of the commercial lease agreement, proof of ownership, and written permission from the board director of Angelic Solutions, LLC for the property to be used as an adult foster care home, and for the department to conduct necessary on-site inspections.

It is a one-story, wood framed modular house with an unoccupied crawl space and detached two-car garage located in a residential neighborhood on Turtle Lake near Union City, MI. There are 4 resident bedrooms, living room, dining room, kitchen, 2 full bathrooms, and laundry/furnace/water heater room. It is not wheelchair accessible.

An on-site inspection verified substantial compliance with rules pertaining to environmental health. The home's private water and sewer systems were inspected and approved by the Calhoun County Health Department on 01/14/2013 (report on file).

The home is in substantial compliance with rules pertaining to fire safety. It has an interconnected, hard wired smoke detection system. On file is verification that this system was inspected and approved by a qualified service. A gas-fired furnace and electric water heater and clothes dryer are located in a room that is constructed of materials that provide a 1-hour fire resistance rating with an approved fire door that is

equipped with an automatic self-closing device and positive-latching hardware. A licensed heating contractor recently inspected and approved the furnace (report on file).

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'9" by 13' 1"	167	2
2	12' 6" by 10' 6"	109	1
3	11' 2" by 12' 7"	140	2
4	9' 5" by 12' 8"	120	1

The living, dining, and sitting room areas measure a total of 390 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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 developmentally disabled, mentally ill, physically handicapped, or traumatic brain injured.

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 transportation for medical needs and some community outings. Emergency transportation is available by dialing 911. The facility will make provision for a variety of leisure and recreational equipment.

C. Applicant and Administrator Qualifications:

The applicant is Unity Group III, LLC, which is a Domestic Limited Liability Company established in Michigan, on 12/03/2012. 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 Unity Group, LLC have submitted documentation appointing Rashelle Austin as Licensee Designee for this facility and Renae Clark as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative 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 6 bed facility is adequate and includes a minimum of 1 staff to 6 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 in the program statement that direct care staff will provide 24-hour awake supervision.

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.

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 6).

Kenneth Tindall

01/31/2013

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/31/2013

Jerry Hendrick
Area Manager

Date