



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 29, 2013

Loving Hands Adult Foster Home LLC
9284 Hwy M-35
Gladstone, MI 49829

RE: Application #: AM210315739
Loving Hands AFC LLC
9284 Hwy M-35
Gladstone, MI 49837

Dear Loving Hands Adult Foster Home LLC:

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 10 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 (906) 226-4171.

Sincerely,

Theresa Norton, Licensing Consultant
Bureau of Children and Adult Licensing
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM210315739

Applicant Name: Loving Hands Adult Foster Home LLC

Applicant Address: 9284 Hwy M-35
Gladstone, MI 49829

Applicant Telephone #: (906) 399-7285

Administrator/Licensee Designee: Marci Anderson, Licensee Designee

Name of Facility: Loving Hands AFC LLC

Facility Address: 9284 Hwy M-35
Gladstone, MI 49837

Facility Telephone #: (906) 280-8854

Application Date: 10/07/2011

Capacity: 10

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

10/07/2011	Enrollment
12/13/2011	Inspection Completed-Env. Health : C
02/02/2012	Contact - Telephone call received Phone call from Gary Gregory.
02/08/2012	Contact - Telephone call made Phone call made to Marci Anderson.
02/16/2012	Contact - Telephone call received Phone call from Marci Anderson.
03/07/2012	Application Incomplete Letter Sent
03/21/2012	Contact - Telephone call made Phone call to Marci Anderson.
03/21/2012	Inspection Completed On-site Documents reviewed policies/ forms.
03/27/2012	Contact - Telephone call received Phone call from Marci Anderson.
05/03/2012	Contact - Telephone call made Phone call to Marci Anderson.
11/13/2012	Contact - Telephone call made Phone call to Marci Anderson.
12/06/2012	Contact - Telephone call received Phone call from BFS Fire Safety.
12/10/2012	Contact - Telephone call made Phone call to Environmental Health.
12/10/2012	Inspection Report Requested - Health
12/10/2012	Application Complete/On-site Needed
03/12/2013	Inspection Completed-Fire Safety : A
03/22/2013	Inspection Completed-Env. Health : A
03/28/2013	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, single-story, block building located on the east side of M-35 just west of the city of Gladstone. The property sits in a rural setting but is in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. Proof of ownership was provided and is maintained in the file.

The single story home has 5 bedrooms, and is totally handicapped accessible. The home may house residents who ambulate with wheelchairs. The home has a large kitchen and combined dining and a large living room (296 sq. ft.) area. There are 3 resident bathrooms, 2 of which are equipped with shower/tubs, and 1 bathroom has lavatory facilities only. The home is very neat, clean and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	150 sq. ft.	Approved capacity 2
Bedroom #2	150 sq. ft.	Approved capacity 2
Bedroom #3	188 sq. ft.	Approved capacity 2
Bedroom #4	232 sq. ft.	Approved capacity 2
Bedroom #5	150 sq. ft.	Approved capacity 2

The home has the square footage necessary to accommodate up to 10 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home has a private septic tank and well. A final environmental inspection was completed by the Delta-Menominee District Health Department on 03/22/2013 resulting in an "A" rating. The septic system functions properly and the water tested safe for consumption.

The facility has a large water tank reservoir enabling the facility to meet fire safety standards. A final fire safety inspection was completed on 03/07/2013 by the Bureau of Fire Safety. A full approval was granted.

B. Program Description

The facility proposes to serve both male and female adults that are Aged (50+). The admission policy, program statement, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statement identifies the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. The home intends to sponsor various activities coordinating with Senior Companion Aides and programs of the local Senior Center. In addition, religious services will be offered or accommodated. Computer exercise equipment and other on-site services will be utilized. The home will encourage family involvement.

The Licensee, Marci Anderson, is a licensed registered nurse and has extensive experience working with the elderly suffering from various stages of dementia and Alzheimer's disease. Ms. Anderson will use her experience to aid in developing specialized individual plans for each resident.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided for a nominal fee.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee/administrator. The licensee/administrator submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The licensee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 11-bed facility is adequate and includes a minimum of 1 to 2 staff per 11 residents on the awake-shift, and 1 staff to 11 residents during the sleep shift.

The licensee acknowledged an understanding of the training 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee acknowledged 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 the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all the required 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. In addition, the licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

D. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 10).

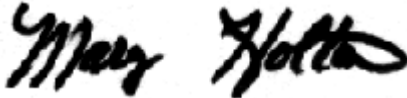


03/29/2013

Theresa Norton
Licensing Consultant

Date

Approved By:



4/02/2013

Mary E Holton
Area Manager

Date