



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

May 1, 2013

Lisa Patterson  
Heavenly Homestead Adult Foster Care, LLC  
2250 McClure Cemetery Rd.  
Gladwin, MI 48624

RE: Application #: AM260338396  
Heavenly Homestead Adult Foster Care-North  
2250 McClure Cemetery Rd.  
Gladwin, MI 48624

Dear Ms. Patterson:

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 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,

Kathleen Gutierrez, Licensing Consultant  
Bureau of Children and Adult Licensing  
711 W Chisholm  
Alpena, MI 49707  
(989) 464-8723

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM260338396
<b>Applicant Name:</b>	Heavenly Homestead Adult Foster Care, LLC
<b>Applicant Address:</b>	2250 McClure Cemetery Rd. Gladwin, MI 48624
<b>Applicant Telephone #:</b>	734-427-4262
<b>Administrator/Licensee Designee:</b>	Lisa Patterson
<b>Name of Facility:</b>	Heavenly Homestead Adult Foster Care-North
<b>Facility Address:</b>	2250 McClure Cemetery Rd. Gladwin, MI 48624
<b>Facility Telephone #:</b>	(989) 426-9712
<b>Application Date:</b>	01/15/2013
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED PHYSICALLY HANDICAPPED

## **II. METHODOLOGY**

01/15/2013	Enrollment
01/24/2013	Application Incomplete Letter Sent FEIN, FP&1326/Lisa.
01/24/2013	Contact - Document Sent Act & Rules.
01/31/2013	Inspection Report Requested - Health Inv.1021168.
02/11/2013	Inspection Report Requested - Fire
02/11/2013	Contact - Document Sent Fire Safety Letter.
02/11/2013	Application Complete/On-site Needed
02/11/2013	File Transferred To Field Office Lansing/Alpena.
02/28/2013	Application Incomplete Letter Sent
04/10/2013	Inspection Completed-Env. Health : A
04/18/2013	Inspection Completed-BCAL Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The home is a two story wood frame, vinyl sided home located on a dirt road in a rural setting about 8 miles northeast of downtown Gladwin. There are six resident bedrooms, three bathrooms, a living room and dining on the main floor as well as a newer ground level addition that has two bedrooms, living room, bathroom and dining area.

The main entrance has a ramp and enters into the office/staff area. The dining room and kitchen are adjacent to the office/staff area. A hallway extends from the dining area and leads to the medication room and two bathrooms. At the end of this hallway are six resident bedrooms, a bathroom and resident living room. The entrance to the ground level addition is either directly from the back entrance of the home or through the kitchen, into the laundry area and down three steps. The home has four wheelchair accessible means of egress, one at the front of the home with a deck and a ramp, at the rear of the home with two means of egress on to a deck with a ramp and a ground level means of egress from the newer addition.

The home utilizes private water supply and sewage disposal system. A reverse osmosis system was installed to assure water quality due to high nitrates. The water is tested monthly by samples taken to the Gladwin Health Department. The water was tested by the Gladwin Health Sanitarian and determined to be in compliance.

The home and hot water are heated by an outdoor wood furnace with two propane boilers and a propane hot water tank as backup. The hot water heater and boilers are located in the basement with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware separating the basement from the upstairs.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10X 10'10"	109	1
2	13'3"X 11'4"	150	2
3	18'4"X 10'1"	183	2
4	16'1"X 9'9"	156	2
5	9'X10'1"	90	1
6	10'4"X8'8"	89	1
7	11'9"X13'6"	158	2
8	11'9"X13'5"	158	1

The indoor living and dining areas measure a total of 772 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 12 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 12 male and/or female residents who are aged. The program will include social interaction, visits from various religious organizations, recreational activities including puzzles, card and board games and transportation.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the library, area parks, community events, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

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

The applicant is Heavenly Homestead Adult Foster Care, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 01/10/2013. 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 Heavenly Homestead Adult Foster Care, L.L.C. have submitted documentation appointing Lisa Patterson as licensee designee for this facility and Lisa Patterson as the administrator of the facility.

Criminal history background checks of the applicant/administrator, Lisa Patterson, were completed and she was determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting her good health and current negative tuberculosis test results.

The applicant /administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Lisa Patterson has worked at this facility, previously known as Edna Mae’s AFC, since September 2012. Ms. Patterson worked with Home Health Care for Elderly and Hospice from 2002 to 2011. Ms Patterson also was office manager of a physicians’ office for seven years.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of one staff for 12 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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(s) 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](http://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 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 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 valuables 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 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 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.

