



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 17, 2013

Jeanne Karr
All Care, Inc.
PO Box 247
Hillsdale, MI 49242

RE: Application #: AS460338821
All Care
113 LaFayette Street
Hudson, MI 49247

Dear Ms. Karr:

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 #:	AS460338821
Applicant Name:	All Care, Inc.
Applicant Address:	113 LaFayette Street Hudson, MI 49247
Applicant Telephone #:	517) 270-4851
Administrator:	Shirley Latoszewski
Licensee Designee:	Jeanne Karr
Name of Facility:	All Care
Facility Address:	113 LaFayette Street Hudson, MI 49247
Facility Telephone #:	(517) 270-4851
Application Date:	03/01/2013
Capacity:	6
Program Type:	AGED PHYSICALLY HANDICAPPED MENTALLY ILL

II. METHODOLOGY

03/01/2013	Enrollment
03/05/2013	Contact - Document Sent Rules & Act booklets
03/05/2013	Application Incomplete Letter Sent Received clearance & FP's for Jeanne K
03/11/2013	Contact - Document Received Received clearance for Jeanne
03/19/2013	Application Incomplete Letter Sent
03/21/2013	Inspection Completed On-site Conducted initial physical plant inspection.
04/30/2013	Contact - Face to Face Conducted follow-up inspection.
05/17/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is located in the City of Hudson in a residential area. The facility is a large two story and was previously licensed as a large group home in 2010 (Hudson Place, #AL460249270). The lower level of the facility will be used for resident care; the upper level will not be used for resident care. There is a full basement that houses the facility furnace and hot water heaters. The home is wheelchair accessible as it has three exits with ramps that meet criteria.

Upon entering the facility utilizing the east wheelchair entrance is a large dining area with the kitchen off to the left. Immediately to the right of the dining area is one full bathroom for resident use as well as another smaller bathroom that will be used for employees. Also on the right is a hallway that leads to a north exit and at the end of this hallway is an office that will be used for meeting with residents and families. Additionally, off the dining room is a large resident living room and two resident bedrooms.

Off the dining room to the south is a hallway that leads to the second wheelchair ramp located on the west side of the facility. Immediately past this exit is the laundry room where medications will be stored in a locked cabinet. Past the laundry room is second large resident bathroom and a hallway that leads to three resident bedrooms. At the end of this hallway is a third wheelchair accessible exit.

The facility utilizes public water and sewer services from the City of Hudson.

The facility is heated by two natural gas furnaces that are located in the basement. The applicant has provided documentation that these furnaces have been checked and found in good working order. The facility has two natural gas hot water heaters that are also located in the basement and both appear to be in good working order and the water temperature was tested within the required temperature range. Also located in the basement is the plumbing required to operate the facility sprinkler system; the applicant produced documentation that this system is operational. The basement is separated from the rest of the facility by an approved fire rated door equipped with an automatic closure device. Even though residents will not be occupying the second story of the facility, the second story has two exits and both of these exits are equipped with fire rated doors with automatic closures.

The facility is equipped with an interconnected, hardwired smoke detection system and an automated sprinkler system. The applicant produced documentation that both of these systems were examined by licensed contractors and found to be in good working order.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
#1- N. West	12' x 11' 4"	136 sq. feet	1
#2- West	14' x 9'.5"	131 sq. feet	1
#3-S. West	16' 10' x 8'	135 sq. feet	1
#4- N. East	12' 6" x 10' 6"	131 sq. feet	1
#5- S. East	13' x 10' 6"	136 sq. feet	2

It should be noted that all bedrooms meet the minimum 130 square feet for 2 residents per bedroom. The facility will be licensed for 6 residents and having 5 bedrooms, it will be the decision of the applicant to decide which bedroom to house 2 residents.

The living and dining areas measure a total of 442 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 as requested on the application. 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 six residents who are aged, physically handicapped, or mentally ill. The program will include social interaction, daily exercise opportunities, opportunities to become involved

in educational, day programs, or the Hudson Senior Center. The applicant intends to accept referrals 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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the local library, museums, churches, the Hudson Senior Center, and taking resident on planned social activities in the community. These resources provide an environment to enhance the quality of life of the residents.

C. Applicant and Administrator Qualifications

The applicant is ALL CARE, Inc., a Domestic Profit Corporation that was incorporated in Michigan on 4/27/86 and in good standing. 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 ALL CARE, Inc. has submitted documentation appointing Jeanne Karr as the licensee designee for this facility and Shirley Latoszewski as the facility administrator.

Criminal history background checks of the Ms. Karr and Ms. Latoszewski were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Karr and Ms. Latoszewski submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Karr and Ms. Latoszewski have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Karr has a Bachelor Degree in Health Care Administration from Columbia Southern University. Ms. Karr's personal and work experience consisted of adopting a 9 month old son (is now 41 years of age) with Spina Bifida, she worked as a direct service employee in a specialized residential setting serving developmentally disabled and mentally ill adults, worked as a job coach for Goodwill of Adrian, was hired by Friends Who Care in 1996 and became a Regional and then State Supervisor, and in 2006, she and Ms. Latoszewski started ALL CARE, Inc. serving individuals in their own homes in Lenawee, Hillsdale, Monroe, and Washtenaw Counties. ALL CARE, Inc. has contract arrangements with Ann Arbor VA, Area on Aging Regional 2, 1-B, IIC, and is currently accredited by the Community Health Accreditation Program. ALL CARE, Inc. is now a member of the Michigan Assisted Living Association and Ms. Karr produced documentation of her recent attendance at the state 2 day conference.

Ms. Latoszewski has operated her own adult foster care family home (Life's Junction, #AF460291942) from 2007 to 2010. Ms. Latoszewski has also provided direct in home

services while employed by Friends Who Care, these individuals having dementia, mental illness, or physically handicapped. Ms. Latoszewski also worked for ALL CARE, Inc. as a direct service employee, servicing individuals with various handicapping conditions. Ms. Latoszewski has a high school degree, is a CPR/First Aid instructor, and has much experience in serving on many community organizational boards.

The staffing pattern for the original license of the 6 bed facility is adequate and includes a minimum of two trained staff for six residents from 7:00 a.m. until 7:00 p.m. and then one trained staff from 7:00 p.m. to 7:00 a.m. 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 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 at 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.

Compliance with the licensing act and administrative rules related to the physical plant 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).



5/17/13

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



5/17/13

Betsy Montgomery, Area Manager

Date

