



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 22, 2013

Lee Donaldson
North Haven AFC, Inc.
13505 State HWY M28
Newberry, MI 49868

RE: Application #: AS480339035
North Haven AFC
13505 State Hwy M-28
Newberry, MI 49868

Dear Mr. Donaldson:

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 (906) 226-4171.

Sincerely,

Laura Dupras, Licensing Consultant
Bureau of Children and Adult Licensing
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS480339035

Applicant Name: North Haven AFC, Inc.

Applicant Address: 13505 State HWY M28
Newberry, MI 49868

Applicant Telephone #: (906) 293-5052

Administrator/Licensee Designee: Joanne Donaldson, Administrator
Lee Donaldson, Designee

Name of Facility: North Haven AFC

Facility Address: 13505 State Hwy M-28
Newberry, MI 49868

Facility Telephone #: (903) 293-5052
03/12/2013

Application Date:

Capacity: 6

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

03/12/2013	Enrollment
05/02/2013	Inspection Completed-Env. Health : A
05/02/2013	Application Complete/On-site Needed
05/16/2013	Inspection Completed On-site
05/16/2013	Inspection Completed-BCAL Full Compliance
05/22/2013	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

North Haven AFC LLC, established in 1970 by Lee and Joann Donaldson who are the owners of the business and the home. Lee Donaldson was named Licensee Designee and Joann Donaldson is the Administrator. Mr. and Mrs. Donaldson have been operating the home for the last 40 years as a medium group home. They have decided to change their license to a small group home license and will continue to operate the home. The 6 residents currently in care will remain in the home.

The facility is located on MWY M-28 in Newberry Michigan. It is a large single story home. Although it is a single story facility, it is not wheelchair accessible due to steps to enter into the home. It is a well maintained home with a family like setting.

The home has 3 large bedrooms which include:

Bedroom #1 Double occupancy, 26' x 10'7" = 278 square feet

Bedroom #2 Double occupancy, 26'x10'7" = 278 square feet

Bedroom #3 Double occupancy, 22'7" x 16'9" = 383 square feet

Each bedroom has a window and each bedroom is individualized for the resident that occupies the room.

There is a large bathroom with 2 showers for the residents to use. There is a large dining room, 22' 7" x 11' 2" =254 square feet, located near the front door of the facility this is used for meals and activities. There is a sitting room measures 12' 7" x 11' 2" = 142 square feet, located off the dining, where residents can watch T.V., read or visit with company. There is an exit located off of the sitting room.

The heating is electric base board heat and the hot water heater is located in the basement of facility. The residents do not access the basement which is located in the Licensees part of the facility. The laundry is done by the employees. The kitchen will not be used by the residents, as their meals are prepared for them.

B. Program Description

The facility provides 24-hour supervision, protection and personal care for up to 6 male residents over the age of 18 who are mentally ill, developmentally disabled or aged. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

There will be at least 1 staff person on duty at all times. The Donaldson's live in the facility which is attached to their home.

The facility has been found in full compliance with fire safety and environmental health.

The applicants 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.

A licensing record clearance was completed with no LEIN convictions recorded for Mr. and Mrs. Donaldson. They have submitted medical clearance request documents which include current negative TB results and that there are no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

Mr. and Mrs. Donaldson acknowledge an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. Mr. and Mrs. Donaldson has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicants acknowledge an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

The applicants acknowledge 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 applicants 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 applicants acknowledge 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 applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents

contained within the employee's file.

The applicants acknowledge an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an investigation of the cause. The applicants have indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

The applicant s acknowledge their responsibility to obtain all of 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 applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

B. Rule/Statutory Violations

The facility was found to be in substantial compliance of the rules.

IV. RECOMMENDATION

A six month temporary license is recommended for this small group home with a capacity of 6 residents.

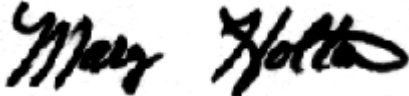


05/22/2013

Laura Dupras
Licensing Consultant

Date

Approved By:



05/24/2013

Mary E Holton
Area Manager

Date