



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

July 12, 2013

Tara Durecka  
Lakeshore Adult Foster Care, LLC  
5090 Lakeshore Road  
Lexington, MI 48450

RE: Application #:	AM760342724 Lakeshore Adult Foster Care 5090 Lakeshore Road Lexington, MI 48450
--------------------	--

Dear Mrs. Durecka:

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) 373-2506.

Sincerely,

Susan Sells, Licensing Consultant  
Bureau of Children and Adult Licensing  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM760342724
<b>Applicant Name:</b>	Lakeshore Adult Foster Care, LLC
<b>Applicant Address:</b>	5090 Lakeshore Road Lexington, MI 48450
<b>Applicant Telephone #:</b>	(810) 359-7540
<b>Administrator/Licensee Designee:</b>	Tara Durecka, Designee
<b>Name of Facility:</b>	Lakeshore Adult Foster Care
<b>Facility Address:</b>	5090 Lakeshore Road Lexington, MI 48450
<b>Facility Telephone #:</b>	(810) 359-7540
<b>Application Date:</b>	06/18/2013
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

12/26/2012	Inspection Completed-Fire Safety : A Final approval was granted by BFS on 12-26-12
01/11/2013	Inspection Completed-Env. Health : A
06/18/2013	Enrollment
07/09/2013	Inspection Completed On-site
07/09/2013	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Lakeshore Adult Foster Care facility is located at 5090 Lakeshore Drive, Lexington, in Sanilac County Michigan. The facility is located near the center of the city of Lexington which offers a variety of recreational, shopping, and entertainment activities. Medical, mental health, religious and social services agencies are all located nearby.

This facility is currently under a temporary license, AM760317250 but the licensee decided to incorporate, which required a new inspection and license number.

Lakeshore AFC is a completely remodeled building featuring an open floor plan in the living/dining room area. It is a ranch-style, wheelchair accessible facility with no steps or inclines at any of the entrances/exits. It is situated on a large parcel of land with a view of a wooded area in the rear of the facility. The facility has 12 private bedrooms including one bedroom which is large enough to accommodate a husband and wife if needed. There are 2 full bathrooms with walk-in showers as well as 3 half bathrooms. Two of the half bathrooms are located in two of the resident bedrooms to allow for a resident's private access. In addition, the facility offers a full-service hair salon with services available for an additional fee.

This facility is equipped with three hot water heaters and two furnaces. One hot water heater is located in the employee bathroom on the north side of the building and is surrounded by a fire-safe enclosure. One hot water heater is located in the kitchen pantry and is surrounded by a fire-safe enclosure. One of the furnaces is located outside off the patio of the facility and is enclosed by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The final furnace and hot water heater are located in the mechanical room of the facility which is enclosed by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. In addition, the entire facility is equipped with a sprinkler system which has been approved by the Bureau of Fire Safety.

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

Bedroom #	Dimensions	Total Square Footage	Resident Beds
North #1	13' x 16'2"	210.17	2
West #2	14'1 x 10'	140.83	1
West #3	14'1 x 10'	140.83	1
Northwest #4	14'1" x 10'	140.83	1
Northwest #5	12'11" x 10'	129.17	1
Northwest #6	14'1" x 10'	140.83	1
West #7	13'9' x 10'	137.50	1
Southwest #8	14'1" x 10'	140.83	1
Southwest #9	14'1" x 10'	140.83	1
Southwest #10	14'1 x 10'	140.83	1
Southeast #11	14'1" x 10'	140.83	1
East #12	14'1" x 10'	140.83	1

Although one of the bedrooms is being licensed for two residents bringing the total number of resident beds to 13, the licensee understands that she cannot, at any time, exceed the facility's maximum licensed capacity of 12 residents. The living, dining, and sitting room areas measure a total of 1395.85 square feet of living space. This well exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **12** 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 **12** male or female ambulatory adults from the ages of 50 and up whose diagnosis is aged or physically handicapped in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Residents will be referred from the local hospitals, local Department of Human Service agencies, and other adult service agencies. 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 facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has outside income as well as income from her spouse who has outside employment.

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

The applicant has 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 12-bed facility is adequate and includes a minimum of 2-staff-to-12 residents per morning and afternoon shift and 1-staff-to-12 residents on the midnight shift. Staff shall remain awake during sleeping hours.

The applicant acknowledges 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 2-staff-to-12-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 and/or the residents' information. 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix®), 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 her 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 applicant acknowledges her 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 of the documents contained within each employee's file.

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 her 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges her 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 her 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 her 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.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care medium group home with a capacity of 12.



July 12, 2013

Susan Sells Licensing Consultant	Date
-------------------------------------	------

Approved By:



July 12, 2013

Mary E Holton Area Manager	Date
-------------------------------	------