



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 23, 2013

Jack and Brandi Morgan
9144 Kingsley Road
Kingsley, MI 49649

RE: Application #: AF280339384
Morgan Assisted Living
9144 Kingsley Road
Kingsley, MI 49649

Dear Jack and Brandi Morgan:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Rhonda Richards, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AF280339384 |
| Applicant Name: | Jack and Brandi Morgan |
| Applicant Address: | 9144 Kingsley Road Kingsley, MI 49649 |
| Applicant Telephone #: | (231) 263-5274 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | Morgan Assisted Living |
| Facility Address: | 9144 Kingsley Road Kingsley, MI 49649 |
| Facility Telephone #: | (231) 263-5274 |
| Application Date: | 03/29/2013 |
| Capacity: | 6 |
| Program Type: | AGED DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|---|
| 03/29/2013 | Enrollment |
| 04/09/2013 | Application Incomplete Letter Sent |
| 07/03/2013 | Application Complete/On-site Needed |
| 07/08/2013 | Inspection Completed On-site |
| 08/22/2013 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a quad-level located in a rural setting outside the village of Kingsley. Public transportation, shopping, and medical services are nearby.

The home consists of a living room, dining room, and kitchen area, two full bathrooms, three resident bedrooms, three non-resident bedrooms and one non-resident bathroom. The home is not approved for residents who require a wheelchair or have mobility impairments.

The wood burning boiler furnace is located in the basement along with the hot water heater. There is a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with battery powered; single station smoke detectors that have been installed near sleeping areas, and in the dining room. There are three fire extinguishers located in the basement, main floor, and second floor.

The facility has private water and septic system. An environmental health inspection was conducted on 05/08/2013. The Sanitarian determined the facility to be in substantial compliance with applicable 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 | 19'x9' | 171 | 2 |
| 2 | 19'x9' | 171 | 2 |
| 3 | 14'x11' | 154 | 2 |

The living, dining, and sitting room areas measure a total of 552 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicants intend to provide 24-hour supervision, protection and personal care to six ambulatory male or female ambulatory adults who are aged or who have a developmental disability or mental illness in the least restrictive environment possible. The applicants intend to accept residents from Grand Traverse county DHS, Northern Lakes Community Mental Health, or private pay individuals as a referral source.

The program for the mentally ill and developmentally disabled will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Programs for the aged will include the recreational activities, community interaction, health and fitness.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A criminal history background check was conducted on applicants and responsible person. They have been determined to be of good moral character. The applicants and responsible person submitted a statement from a physician documenting their good health and current TB-tine negative results.

The applicants have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

The applicants acknowledge the understanding of the requirement for an adult foster care family home license is that the licensee must reside in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicants, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicants have indicated that for the original license of this six bed family home, there is adequate supervision with one responsible person on-site for six residents. The applicant acknowledges that the number of responsible persons on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicants acknowledge an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

The applicants acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks, and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures. 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 applicants acknowledge their responsibility to establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicants acknowledge their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person and volunteers.

The applicants acknowledge an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 applicants acknowledge their 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 required to be maintained within each resident's file.

The applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

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

The applicants acknowledge an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rules or Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home capacity six.



08/22/2013

Rhonda Richards
Licensing Consultant

Date

Approved By:



08/23/2013

Jerry Hendrick
Area Manager

Date