



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

November 19, 2013

Lisa Thompson
St. John's Health Care, PC
609 N. Washington Avenue
Ludington, MI 49431

RE: Application #: AS530337305
St. John's Health Care PC
605 N. Washington Avenue
Ludington, MI 49431

Dear Ms. Thompson:

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 #: AS530337305

Applicant Name: St. John's Health Care, PC

Applicant Address: 609 N. Washington Avenue
Ludington, MI 49431

Applicant Telephone #: 231-233-2311

Licensee Designee: Lisa Thompson

Administrator: Jason Thompson

Name of Facility: St. John's Health Care PC

Facility Address: 605 N. Washington Avenue
Ludington, MI 49431

Facility Telephone #: (231) 845-7922

Application Date: 10/25/2012

Capacity: 6

Program Type: AGED
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/25/2012	Enrollment
12/13/2012	Application Incomplete Letter Sent
11/12/2013	Application Complete/On-site Needed
11/13/2013	Inspection Completed On-site
11/14/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one story brick home located within the city limits of Ludington with access to public transportation. Shopping and medical services are nearby. The facility consists of a kitchen, dining room, five resident bedrooms, and 2 resident bathrooms. The facility is wheelchair accessible and has two approved means of egress from the main floor.

The furnace and hot water heater are located in the basement with 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. The facility is equipped with an approved pull station alarm system. Fire extinguishers are installed in the kitchen office, and utility room. There is a sprinkler system installed throughout the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'8"x13'7"	189	1
2	24'x12'2"	292	2
3	16'x12'4"	198	1
4	15'X15'5"	232	1
5	18'X13'8"	248	1

The living, dining, and sitting room areas measure a total of 779 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 (6)** 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 six male or female ambulatory or non-ambulatory adults who are diagnosed with extensive medical needs. Admissions may include but are not limited to the following types of diagnoses: Primary diagnosis that result in severe medical needs such as Cerebral Palsy, Muscular Dystrophy, or ALS. Physical impairments such as quadriplegia, impaired respiratory function resulting in Tracheostomy, oxygen, or ventilator dependency.

The program will include providing direction and opportunity for growth and development of a resident as achieved through activities that foster independent and age appropriate functioning, such as dressing, grooming, manners, shopping, cooking, money management, and the use of public transportation, as well as an opportunity for involvement in education, employment, and day programs.

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. The applicant intends to accept residents from Mason County Senior Resources and Home Health Services as a referral source. Private Pay individuals will also be accepted.

C. Applicant and Administrator Qualifications

The applicant is St. John's Health Care P.C. was established in Michigan, on 05/06/2004. 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 St. John's Health Care P.C. has submitted documentation appointing Lisa Thompson as Licensee Designee and Jason Thompson as the Administrator for this facility.

A criminal history background check was conducted for the Licensee Designee and Administrator. They have been determined to be of good moral character. The Licensee Designee and Administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The Licensee Designee 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 6 bed facility is adequate and includes a minimum 2 staff to 6 residents per shift during awake hours and 2 staff to 6 residents

during sleeping hours. The applicant has indicated that direct care staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training suitability 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 staff to 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 or the resident information or both. 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), 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 their 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 with residents. In addition, the applicant acknowledges their 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 record.

The applicant acknowledges 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 the required forms and signatures to be completed for each resident on an annual basis.

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 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 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 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 applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends 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.

D. Rule/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 temporary license to this adult foster care small group home (capacity 6).

 11/19/2013

Rhonda Richards Date
Licensing Consultant

Approved By:

 11/19/2013

Jerry Hendrick Date
Area Manager

