



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

February 21, 2014

Darcy Weber
Hidden Estates Inc.
101 Lake Street
Manistique, MI 49854

RE: Application #: AS770354846
Hidden Estates Inc.
101 Lake Street
Manistique, MI 49854

Dear Ms. Weber:

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,

Theresa Norton, Licensing Consultant
Bureau of Children and Adult Licensing
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS770354846

Applicant Name: Hidden Estates Inc.

Applicant Address: 101 Lake Street
Manistique, MI 49854

Applicant Telephone #: (906) 341-3003

Administrator/Licensee Designee: Darcy Weber, Designee

Name of Facility: Hidden Estates Inc.

Facility Address: 101 Lake Street
Manistique, MI 49854

Facility Telephone #: (906) 341-3004

Application Date: 12/18/2013

Capacity: 6

Program Type: Aged, Alzheimer's

II. METHODOLOGY

12/18/2013	Enrollment
01/27/2014	Inspection Completed On-site
01/27/2014	Contact - Document Received Policies received.
02/14/2014	Contact - Document Received Corporate resolution draft received.
02/14/2014	Contact - Document Received License withdrawal letter from partner.
02/20/2014	Contact - Telephone call received Phone call from Darcy Weber.
02/21/2014	Recommend license issuance

NOTE: This facility is currently licensed, in good standing, under license number AS770337896. The partnership has dissolved and there is a letter on file from the ex-partner withdrawing any ownership interest in the facility and requesting withdrawal of the existing license when issuance of the new license is granted. Hidden Estates, Inc., corporate resolutions will be maintained in the file.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, wood-framed, single story home built in 1954. The home is located within the city limits of Manistique. The property sits on a serene, fenced, 1.7acre, landscaped corner lot. The home is owned by the entity, Hidden Estates, Inc., which Darcy Weber will be Licensee Designee and Administrator. Proof of ownership was provided and a copy of the mortgage deed will be maintained in the file.

The single story home is 4144 square feet and has 5 bedrooms, each equipped with their own toilet and shower/bath. The home has a kitchen and a large combined dining and living room area. In addition, the home has a 272 square foot library/room available for use by residents. The home also has an in-ground cement pool and a tennis court/slab that can be used by residents. The home is NOT handicapped accessible.

The heat plant is located on the opposite side of the attached garage, in an enclosed room with a self-closing fire door. There is also a working back-up generator. There is an interconnected smoke detection system with battery back, which was inspected and found to be in good working order. The plumbing, electrical, and boiler systems have been inspected by a licensed contractor and documentation is maintained in the file.

All five of the bedrooms will be used by residents. The bedrooms have the following dimensions:

Bedroom #1	252 sq. ft.	Approved capacity 1
Bedroom #2	229 sq. ft.	Approved capacity 1
Bedroom #3	244 sq. ft.	Approved capacity 1
Bedroom #4	379 sq. ft.	Approved capacity 2
Bedroom #5	164 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

B. Program Description

The facility proposes to serve adults that are Aged and Alzheimer's (50+). The admission policy, program statement, Alzheimer's statement, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statement identifies the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. The home intends to sponsor various activities coordinating with Certified Activities Aides and programs of the local Senior Center. In addition, religious services will be offered or accommodated. Raised garden beds, use of the pool, pet therapy, and other on-site services will be utilized. The home will encourage family involvement.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided for a nominal fee.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Darcy Weber, named the licensee and administrator. The licensee/administrator submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The licensee/ administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 6-bed facility is adequate and includes a minimum of 1 to 2 staff per 6 residents on the awake-shift, and 1 staff to 6 residents during the sleep shift.

The licensee acknowledged 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 staff to resident ratio.

The licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged 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 the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

D. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend issuance of a 6 month temporary Adult Foster Care license to HIDDEN ESTATES, INC. (#AS770354846).



02/21/2014

Theresa Norton
Licensing Consultant

Date

Approved By:



02/24/2014

Mary E Holton
Area Manager

Date