



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 1, 2014

Samantha Rush
Rush Family AFC, LLC
2 Balsam Drive
St. Louis, MI 48880

RE: Application #: AM290363975
Main St. AFC
103 W. Tyrell
St. Louis, MI 48880

Dear Mrs. Rush:

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) 284-9720.

Sincerely,

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
5303 S Cedar
PO Box 30321
Lansing, MI 48909
(517) 899-5675

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM290363975
Applicant Name:	Rush Family AFC, LLC
Applicant Address:	2 Balsam Drive St. Louis, MI 48880
Applicant Telephone #:	(989) 533-1313
Licensee Designee:	Samantha Rush
Administrator:	Samantha Rush
Name of Facility:	Main St. AFC
Facility Address:	103 W. Tyrell St. Louis, MI 48880
Facility Telephone #:	(989) 681-8148
Application Date:	07/22/2014
Capacity:	12
Program Type:	Mentally Ill Developmentally Disabled

II. METHODOLOGY

02/25/2014	Inspection Completed-Env. Health : B Violations cited have been fixed by licensee.
05/20/2014	Inspection Completed-Fire Safety : A BFS inspection completed under prior ownership/inspection less than one year old. Full approval
07/22/2014	Enrollment
07/31/2014	Comment Active AM290079573 same address, DU 7/2/2014.
08/14/2014	Application Incomplete Letter Sent FP&SSNverification/Samantha.
08/14/2014	Contact - Document Sent Act&Rules.
08/27/2014	Contact - Document Received SSNconfirmation/Samantha.
08/28/2014	Inspection Report Requested - Fire
08/28/2014	Contact - Telephone call made D.Timm-6/6/2014 EHI A Rating & 5/20/2014 Fire Inspection approved until next annual at same Facility address/AM290079573.
08/28/2014	File Transferred To Field Office Lansing.
09/10/2014	Application Incomplete Letter Sent
09/19/2014	Application Complete/On-site Needed
09/19/2014	Inspection Completed On-site
09/19/2014	Inspection Completed-BCAL Sub. Compliance
09/19/2014	Contact - Document Received pictures of repaired items received
09/21/2014	Contact - Document Received multiple required documents received (admission policy, refund policy, discharge policy etc)
09/30/2014	Contact - Document Received

	lease agreement received
09/30/2014	Contact - Document Received email received that the roof has been repaired.
10/01/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Main Street AFC is an older, aluminum sided, two-story facility located one block from downtown St. Louis, Michigan. The facility has a detached three car garage and a large parking space for visitors and staff members. On the main floor of the facility there are five resident bedrooms, three full bathrooms, one half-bathroom, kitchen, dining/activity area, living area, sitting room, utility room, and a second sitting area off of the main entrance. The facility is not wheelchair accessible and cannot accommodate residents who utilize walkers to assist with mobility. The second floor of the facility is designated for staff use only and has two bedrooms, office, kitchenette, and full bathroom. The facility also has an unfinished basement with is used for storage and houses the furnace and water heater. The facility utilizes the public water and public sewage disposal system. The facility was inspected by Mid-Michigan District Health Department on 02/25/2014 and was given a 'B' rating. The facility was cited for a leak in the ceiling and missing trim and floor boards in one bedroom. Both violations were repaired and fixed as observed by on-site inspection on 09/21/2014 and pictorial evidence of the repaired roof was provided on 10/01/2014.

The facility has a natural gas furnace which is located in the basement of the facility along with the water heater. Floor separation is created by a 1-3/4 inch solid wood core door that is equipped with an automatic self-closing device and positive latching door hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Fire extinguishers were observed on each level of the facility. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. The Bureau of Fire Services inspected the facility on 05/20/2014 and full approval was granted at that time.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom #1	15'6" x 9'4" + 12'0" x 8'10" + 10'0" x 7'0"	145'+105'+ 70'= 315 square feet	4 resident beds
Bedroom #2	11'7" x 7'0"	81 square feet	1 resident bed
Bedroom #3	9'5" x 7'8"	72 square feet	1 resident bed
Bedroom #4	18'6" x 14'8"	271 square feet	3 resident beds
Bedroom #5	17'8" x 9'9"	172 square feet	2 resident beds
Bedroom #6	10'6" x 11'2"	117 square feet	1 resident bed
Living Area	14'7" x 13'0"	190 square feet	
Sitting Area#1	7'9" x 8'8"	67 square feet	
Dining/activity area	11'7" x 12'0"	139 square feet	
Sitting Area #2	8'6" x 4'10"	41 square feet	

The indoor living and dining areas measure a total of 437 square feet of living space. This meets the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 12 male and female residents who are diagnosed with a mentally ill and/or a developmentally disabled. Prospective residents must have minimal personal care needs and not require assistance with mobility, such as the use of walker or wheelchair, because the facility is not wheelchair accessible. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills. The licensee also plans to explore the opportunity for resident involvement in day programs and/or job training and employment. The applicant intends to accept referrals from Gratiot County DHS, Gratiot County CMH, or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public library, local shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Rush Family AFC, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 07/11/2014. 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 applicant is leasing from a currently licensed AFC provider. Consequently, there are residents in place at this time and pre-existing relationships are in place with Gratiot CMH to aide in future placements.

The members of Rush Family AFC, L.L.C. have submitted documentation appointing Samantha Rush as licensee designee and administrator for this facility.

A criminal history background check of Samantha Rush was completed on 07/31/2014 and she was determined to be of good moral character to provide licensed adult foster care. Samantha Rush submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Samantha Rush provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Samantha Rush is currently employed as an assistant home manager and direct care support staff member for a licensed AFC facility. She has worked in this capacity for the past seven years and works with residents diagnosed with mental illness and/or developmental disabilities. Prior to her current employment, Samantha Rush was employed as the home manager in two other licensed AFC facilities totaling seven additional years of experience. Those employment opportunities also involved interaction with residents diagnosed with mental illness, developmental disability and/or aged.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of one staff for twelve residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will not be awake during sleeping hours, but understands the need to change this as the needs of the residents change.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

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

The applicant acknowledge the responsibility to obtain the required 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 applicant acknowledged the 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 that are required to be maintained within each resident’s file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

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



10/01/2014

Dawn N. Timm
Licensing Consultant

Date

Approved By:



10/1/14

Betsy Montgomery
Area Manager

Date