



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 30, 2014

Kimberly Taylor
K. Taylor Enterprises LLC
994 Ralston Rd
Sherwood, MI 49089

RE: Application #: AS750353060
The Meadows Specialized Residential Program
55377 Walterspaugh Rd.
Mendon, MI 49072

Dear Ms. Taylor:

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 (616) 356-0100.

Sincerely,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS750353060

Licensee Name: K. Taylor Enterprises LLC

Licensee Address: 994 Ralston Rd
Sherwood, MI 49089

Licensee Telephone #: (269) 496-1033

Administrator/Licensee Designee: Kimberly Taylor, Designee

Name of Facility: The Meadows Specialized Residential Program

Facility Address: 55377 Walterspaugh Rd.
Mendon, MI 49072

Facility Telephone #: (269) 496-1033
12/04/2013

Application Date:

Capacity: 6

Program Type: MENTALLY ILL

II. METHODOLOGY

12/04/2013	On-Line Enrollment
12/05/2013	Contact - Document Sent Rule & Act booklets
12/05/2013	Inspection Report Requested - Health Inv. #1022342
12/05/2013	Application Incomplete Letter Sent Record clearance & Finger Prints for Kim Taylor
12/11/2013	Comment Finger prints for Kimberly
12/16/2013	Contact - Document Received Rec clearance for Kimberly
12/17/2013	Application Complete/On-site Needed
12/19/2013	Application Incomplete Letter Sent
12/19/2013	Inspection Completed-Environmental Health : A
05/20/2014	Inspection Completed On-site
10/01/2014	Inspection Completed-Environmental Health : A
10/08/2014	SC-Application Received - Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a one story home with basement located in a rural area approximately two miles outside of Mendon. The main floor has a combination living room/dining area, kitchen, one full bathroom with a tub/shower combination and a second bathroom with a small shower, four resident bedrooms, laundry area, and an office. The basement will not be utilized by residents.

This facility is not accessible to wheelchairs.

The home has a private well for water and a private septic disposal system. The local health department gave these systems an "A" rating, signifying substantial compliance with applicable rules, on December 19, 2013 and October 1, 2014.

The electric 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 located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12' x14'	168	1
2`	12' x14'	168	1
3	15'10" x11'8"	185	2
4	12'x14'	168	2

The living, dining, and sitting room areas measure a total of 482 square feet of living space. This complies with the 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

This location has been licensed to another licensee since 2001. That license will expire on October 31, 2014 and the current licensee has given permission to close their license and allow a license to be issued to the applicant.

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 (6)** male or female ambulatory adults whose diagnosis is mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from St. Joseph County DHS and CMH. The applicant has applied to operate a specialized program under contract to St. Joseph County CMH.

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 licensee will provide all transportation for program and medical needs. The facility will make provision 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 is K. Taylor Enterprises, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 10/07/2013. 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 members of K. Taylor Enterprises, L.L.C. have submitted documentation appointing Kimberly Taylor as both Licensee Designee and Administrator of the facility.

A finger print request was completed with no convictions recorded for the licensee designee/ administrator. The licensee designee/ administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The licensee designee/ administrator 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 six bed facility is adequate and includes a minimum of two staff –to- six residents per daytime and afternoon shift and one staff-to-six residents during the overnight shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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 directly with residents. In addition, the applicant acknowledges their 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 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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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.

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

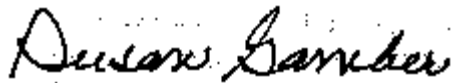
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 AFC adult small group home (capacity 1-6).



October 27, 2014

Susan Gamber
Licensing Consultant

Date

Approved By:



October 27, 2014

Leon M. Hale
Area Manager

Date