



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

December 11, 2014

Vanessa Brokaw
Sunnyside Assisted Living II, LLC
3025 W Birch Run Road
Burt, MI 48417

RE: Application #:	AM730340435 Sunnyside Home 3025 Birch Run Road Burt, MI 48417
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Dear Mrs. Brokaw:

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 8 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,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
Midland, MI 48640
(989) 293-6338

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM730340435
Applicant Name:	Sunnyside Assisted Living II, LLC
Applicant Address:	3025 W Birch Run Road Burt, MI 48417
Applicant Telephone #:	(989) 770-4760
Administrator/Licensee Designee:	Vanessa Brokaw, Designee
Name of Facility:	Sunnyside Home
Facility Address:	3025 Birch Run Road Burt, MI 48417
Facility Telephone #:	(989) 770-4760
Application Date:	05/06/2013
Capacity:	8
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

05/06/2013	Enrollment
05/10/2013	Application Incomplete Letter Sent Finger Print and Record Clearance for Applicant/Administrator.
05/10/2013	Inspection Report Requested – Environmental Health Inv.1021592.
05/10/2013	Inspection Report Requested – Fire Safety Inspection
05/10/2013	Contact - Document Sent to Fire Safety for Plan Review.
05/22/2013	Licensing Unit file referred for criminal history review of applicant.
05/23/2013	Licensing Unit received criminal history file from review Vanessa Brokaw.
05/23/2013	Application Complete/On-site Needed
05/23/2013	Contact - Document Sent Act & Rules.
05/23/2013	File Transferred To Field Office Saginaw.
07/01/2013	Application Incomplete Letter Sent
10/03/2013	Inspection Report Requested - Health Original Application Inspection - second request
12/12/2013	Inspection Report Requested – Fire Safety -Ready for inspection.
12/12/2013	Contact - Telephone call to Brian Byelich with Fire Safety.
12/12/2013	Contact - Telephone call received from Architect Ken Neigh called to say his plans were approved by Plan Review.
04/23/2014	Contact - Telephone call received from Applicant stating the contractor completed the new sprinkler system.
04/23/2014	Contact - Telephone call made to Daniel Stasa of Office of Fire Safety. .
06/23/2014	Contact - Document Sent email to Daniel Stasa regarding 12A forwarded along with fee from Fire Pro to Lansing. Requested inspection from OFS.

06/25/2014	Inspection Completed On-site
07/14/2014	Inspection Completed On-site with OFS inspector Stasa.
08/05/2014	Environmental Health Inspection Completed "A" Rating.
11/26/2014	Office Of Fire Safety Inspection Completed "A" Rating.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

Sunnyside Home is in a rural residential setting at 3025 Birch Run Road in Burt, Michigan. This one-story brick ranch style home is wheelchair accessible, and was previously licensed as an Adult Foster Care small group home with a standard AIS home floor plan. The home consists of four resident bedrooms, two full bathrooms (one with a tub and one with a shower), large living/dining room area, small sitting room (or program room) kitchen, office, and laundry room.

The furnace and hot water heater are located in in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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	11' x 15.2'	167 sq. ft.	2
2	11' x 15.2'	167 sq. ft.	2
3	11' x 15.2'	167 sq. ft.	2
4	11' x 15.2'	167 sq. ft.	2

The living (9.5' x 18.8'), dining (10' x 13.5'), and sitting room (11.8' x 15.2') areas provide a total of 492 square feet of living space. This complies with the 35 square feet/per resident requirement.

On August 5, 2014, an Environmental Health Inspection was completed by the Saginaw County Health Department. The facility received full approval. On 11/26/14, the Bureau of Fire Safety did their final walk through and also gave the facility a full approval.

Based on the above information, it is concluded that this facility can accommodate **eight (8)** 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 **eight** (8) male or female ambulatory adults whose diagnosis is developmentally disabled or 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. Residents will be referred from: Saginaw Community Mental Health, Council on Aging and local placing agencies.

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 Sunny Side Assisted Living II, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 12/07/2011. 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 Sunny Side Assisted Living II, L.L.C. has submitted documentation appointing Vanessa Brokaw as Licensee Designee and Administrator for the facility.

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

The licensee designee and administrator have 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 8-bed facility is adequate and includes a minimum of 1 staff –to- 8 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges 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 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), IdentoGo and the related documents required to be maintained in each employees 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 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 file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of 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 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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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 medium group home (capacity 7-12).



12/11/2014

Mary T. Fischer Licensing Consultant	Date
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Approved By:



12/11/2014

Leon M. Hale Area Manager	Date
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