



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

February 4, 2015

Dorothea Wilson
The Lighthouse, Inc.
PO Box 289
Caro, MI 48723

RE: Application #:	AS790361653 Harbor Light 1785 Hope Drive Caro, MI 48723
--------------------	--

Dear Ms. Wilson:

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 (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 #:	AS790361653
Applicant Name:	The Lighthouse, Inc.
Applicant Address:	1655 East Caro Road Caro, MI 48723
Applicant Telephone #:	(989) 673-2500
Administrator/Licensee Designee:	Dorothea Wilson
Name of Facility:	Harbor Light
Facility Address:	1785 Hope Drive Caro, MI 48723
Facility Telephone #:	(989) 673-2500
Application Date:	05/30/2014
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED TRAUMATIC BRAIN INJURY

II. METHODOLOGY

05/30/2014	Enrollment
06/03/2014	Contact - Document Received TB/Dorothea.
06/03/2014	Application Incomplete Letter Sent 1326/Dorothea.
06/03/2014	Contact - Document Sent Act & Rules.
06/20/2014	Application Complete/On-site Needed
06/20/2014	File Transferred To Field Office Midland/M. Fischer.
06/26/2014	Inspection Report Requested - Health For new application of small group home license.
07/08/2014	Inspection Completed On-site
07/09/2014	Contact - Telephone call made Confirmed with Jerry White, Tuscola Co. Sanitarian they received my request for an inspection of Harbor Light.
07/28/2014	Inspection Completed-Environmental Health : A
08/04/2014	Contact – Telephone call made to Tristan Schramke.
08/21/2014	Telephone call to applicant, requesting updated Medical Clearance and TB test.
09/16/2014	Telephone call to Tristan Schramke requesting floor plan.
01/27/2015	Inspection Completed-BCAL Full Compliance
02/04/2014	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Harbor Light facility was constructed originally in 1994. Harbor Light is a wood frame, ranch style home with aluminum siding. The Harbor Light facility is completely handicap accessible. The building is 31 feet wide and 41 feet long. The facility is located on Hope Drive which is a paved road, off of Remington Road, approximately 3

miles northeast of the village of Caro. The city of Caro has medical services and a local hospital, recreational, and ample shopping facilities, are available within a short distance. The Lighthouse Corporation has a van equipped to accommodate wheelchair bound residents. The facility was originally designed as a duplex to accommodate 4 residents on one side and live-in staff on the other side. The facility was licensed as a Medium Group Home for up to 8 residents in 1996. The Lighthouse Corporation has applied for a small group home license which will reduce the capacity to 6 residents. The Harbor Light small group home will have 6 private bedrooms, one kitchen, one dining room, one living room, two full bathrooms, two laundry rooms, and an office. The bathrooms are barrier free. All exit ways are at ground level and properly structured to allow wheelchair access. The home has ample dining and living space for 6 residents.

The furnace and hot water heater are located 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. The facility is completely sprinkled.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1-5	12.1 x 8.7	105	5 (1 in each room)
6	15.5 x 12.1	187	1

The living, dining, and sitting room areas measure a total of 512 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six** 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 whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, and/or traumatic brain injured, in the least restrictive environment possible. The applicant intends to provide care to residents aged 18 years and up, as indicated on the application. 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: Private Insurance companies, area hospitals, and Community mental Health programs.

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 The Lighthouse, Inc., which is a "For Profit Corporation", was established in Michigan, on 11/16/84. 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.

A licensing record clearance request was completed on 6/19/14 with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request 8/27/14 with statements from a physician documenting their good health and current TB-tine negative results 8/28/14.

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 6-bed facility is adequate and includes a minimum of 4 staff –to- 6 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 employee 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

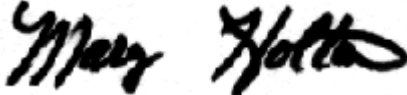
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



2/04/2015

Mary T. Fischer Licensing Consultant	Date
---	------

Approved By:



02/04/2015

Mary E Holton Area Manager	Date
-------------------------------	------