



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

March 1, 2015

Donald Cross
ADAPT, Inc.
202 Morse Street
Coldwater, MI 49036

RE: Application #: AS120359234
Grant Street Home
738 E. Grant Street
Bronson, MI 49028

Dear Mr. Cross:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please 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 #: AS120359234

Applicant Name: ADAPT, Inc.

Applicant Address: 202 Morse Street
Coldwater, MI 49036

Applicant Telephone #: (517) 279-7531

Administrator/Licensee Designee: Donald Cross, Designee

Name of Facility: Grant Street Home

Facility Address: 738 E. Grant Street
Bronson, MI 49028

Facility Telephone #: (517) 369-7286
03/12/2014

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED

II. METHODOLOGY

03/12/2014	Enrollment
03/17/2014	Contact - Document Sent Rules & Act booklets
03/18/2014	Licensing Unit file referred for review
06/20/2014	Application Incomplete Letter Sent
01/27/2015	Application Complete/On-site Needed
01/27/2015	Inspection Completed On-site
01/27/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a single story ranch style home with attached garage located in a residential area in the city of Bronson. It was originally licensed on 01/01/1987 as an AIS/MR facility and is wheelchair accessible. It has been continuously licensed since 1987.

The home contains a kitchen/dining area, two living rooms, four bedrooms and two full bathrooms. One bathroom contains a standard tub/shower; the second bathroom contains a roll in wheelchair shower. A screened porch overlooks the back yard.

This facility utilizes the public water and sewage disposal systems.

The gas furnace and hot water heater are located in the garage located in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system. Due to the home's former AIS/MR status it is also equipped with an interior fire suppression system (sprinkler system).

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'x16'	160	2
2	10'x16'	160	2
3	10'x16'	160	1
4	10'x16'	160	1

The living and sitting room areas measure a total of 884 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

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 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. The applicant has applied for specialized program certification and intends to accept residents under contract from Pines Behavioral Health in Branch County.

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 and has a handicapped accessible van available on-site. 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 ADAPT, Inc., Inc., which is a "Non Profit Corporation" established in Michigan, on 05/15/1975. 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 ADAPT, Inc. have submitted documentation appointing Donald Cross as Licensee Designee and Administrator of the facility.

A change in the corporate structure resulted in a new Employee Identification Number being assigned to ADAPT Inc. which necessitated an original application under the new identity. The current license will be closed as soon as the new license is issued.

A finger print clearance was completed with no convictions recorded for Mr. Cross. Mr. Cross also submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

Mr. Cross has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Cross has been the administrator for this facility since its original licensure in 1987.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 2 staff –to- 6 residents per 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 residents' 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. Quality of care rules will be evaluated during the temporary license period.

IV. RECOMMENDATION

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

Susan Gamber

February 24, 2015

Susan Gamber
Licensing Consultant

Date

Approved By:

Leon M. Hale

February 24, 2015

Leon Hale
Area Manager

Date