



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER
DIRECTOR

June 5, 2015

Earl Gass
Heatherton Place Retirement Center LLC
208 E 1st St
Imlay City, MI 48444

RE: Application #:	AS440366026 Heatherton Place Retirement Center 208 E 1st St Imlay City, MI 48444
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Dear Mr. Gass:

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 (517) 284-9720.

Sincerely,

Susan Sells, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS440366026
Applicant Name:	Heatherton Place Retirement Center LLC
Applicant Address:	208 E 1st St Imlay City, MI 48444
Applicant Telephone #:	(810) 721-0065
Administrator:	Louisea Gass
Licensee Designee	Earl Gass
Name of Facility:	Heatherton Place Retirement Center
Facility Address:	208 E 1st St Imlay City, MI 48444
Facility Telephone #:	(810) 721-0065
Application Date:	09/15/2014
Capacity:	6
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

09/15/2014	Enrollment
09/18/2014	Lic. Unit file referred for criminal history review 1326 for Earl Allen Gass, FP hit
09/18/2014	Contact - Document Sent Rule and Act Books
09/18/2014	Application Incomplete Letter Sent 1326 is need for Katherine Miles live in staff
10/08/2014	Lic. Unit file referred for criminal history review 1326 for Catherine S Miles
10/10/2014	PSOR on Address Completed
10/10/2014	File Transferred To Field Office Flint
11/05/2014	Application Incomplete Letter Sent
11/18/2014	Application Complete/On-site Needed
03/10/2015	Inspection Completed On-site
03/10/2015	Inspection Completed-BCAL Sub. Compliance
03/10/2015	Inspection Completed On-site
05/26/2015	Inspection Completed On-site
05/27/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Heatherton Place Retirement Center is located at 208 E. 1st Street, Imlay City, MI 48444 in Lapeer County. The facility is located near the center of the city of Imlay City which offers a variety of recreational, shopping, and entertainment activities. Medical, mental health, religious and social services agencies are all located nearby. It is connected to the public water and sewage system. This facility was previously licensed as an Adult Foster Care Family Home under license number AF440293101.

Heatherton Place Retirement Center is a ranch-style, wheelchair accessible facility with no steps or inclines at any of the entrances/exits. The facility has 6 private bedrooms including fully-equipped private bathrooms in all of the bedrooms. Currently, a husband and wife are residing in one of the bedrooms which is large enough to accommodate 2 residents. However, the licensee is only applying for a license to accommodate 6 residents and understands that it is his responsibility not to exceed his licensed capacity. Therefore, one of the bedrooms will remain empty as long as the husband and wife remain residents. All of the bedrooms have sliding glass egress doors which provides for private entrances/exits. However, there are still 2 separate and independent means of egress in the facility equipped with positive latching, non-locking-against-egress hardware. There are separate living quarters which were designed to accommodate a live-in staff person.

This facility is equipped with two hot water heaters and two furnaces which are located on the main floor of the facility as there is no basement. One hot water heater and furnace is located in one of the resident bedrooms while the other is located in a main hallway. Both heating plant areas are surrounded by an enclosure that has a 1-hour-fire-resistance rating including a 1-3/4 inch solid core door equipped with automatic self-closing devices and positive latching hardware. The facility is equipped with an interconnected, hardwire smoke detection system, with battery back-up, 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
Northwest	15'8" x 11'7"	181	1
Southwest	7'3" x 7'7" plus 11'6" x 16'3"	242	1
West	13'9" x 11'7"	159	1
Southeast	16' x 18'9"	300	2
East	13'11" x 11'7"	161	1
Northeast	15'8" x 11'6"	180	1

The living, dining, and sitting room areas measure a total of 504 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 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 6 male or female ambulatory adults who are aged 55 or older and/or physically handicapped in

the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Residents will be referred from the local hospitals, nursing homes, and/or the general public.

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 transportation for any emergent medical needs and will provide any additional transportation if agreed upon in the resident's *Resident Care Agreement*. The facility will make provisions 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 Heatherton Place Retirement Center, LLC which is a "Domestic Limited Liability Company", that was established in Michigan, on January 1, 2009. 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 Heatherton Place Retirement Center, L.L.C. has submitted documentation appointing Earl Gass as Licensee Designee for this facility and Louisea Gass as the Administrator of the facility.

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

The applicant 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 1-staff-to-6-residents per shift. Staff need not be awake during sleeping hours unless to accommodate a resident as documented in the resident's *Assessment Plan*.

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 1-staff-to-6-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 Identogo website (www.identogo.com) by MorphoTrust USA 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

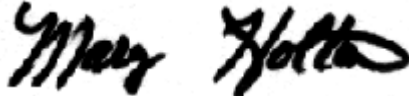
I recommend issuance of a temporary license to this adult foster care small group home with a capacity of 6 residents.
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June 5, 2015

Susan Sells Licensing Consultant	Date
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Approved By:



June 5, 2015

Mary E Holton Area Manager	Date
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