



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

June 29, 2015

Renaë Clark
Community Living Support Services, LLC
PO Box 5
Albion, MI 49224

RE: Application #: AS130374875
Monroe Street
817 N Monroe St.
Albion, MI 49224

Dear Mrs. Clark:

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,

A handwritten signature in black ink that reads "Donna Konopka".

Donna Konopka, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS130374875

Licensee Name: Community Living Support Services, LLC

Licensee Address: 6929 Calhoun Road
Albion, MI 49224

Licensee Telephone #: (269) 275-5813

Administrator/Licensee Designee: Renae Clark

Name of Facility: Monroe Street

Facility Address: 817 N Monroe St.
Albion, MI 49224

Facility Telephone #: (269) 275-5813

Application Date: 03/18/2015

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

03/18/2015	On-Line Enrollment
04/01/2015	Contact - Document Sent Rule & ACT Books
04/15/2015	Contact - Document Received 1326/fingerprint for Renae Clark
04/16/2015	File Transferred To Field Office Kalamazoo
04/24/2015	Application Incomplete Letter Sent
06/04/2015	Contact - Document Received
06/09/2015	Application Complete/On-site Needed
06/23/2015	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The house is a 2-story Cape Cod style structure located in the city of Albion, MI. The main floor consists of one 2-person resident bedroom, a large living room, dining room, kitchen, bathroom and a laundry room. The 2nd floor has two 2-person resident bedrooms and a full bathroom. The house has an unfinished basement that is not approved for resident use. The facility is not equipped with wheelchair ramps, thus only ambulatory residents will be accepted for placement.

The home utilizes the public water and sewage systems.

The gas furnace and 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. Munier Heating and Cooling, LLC inspected the furnace on 06/16/2015 and found it to be in safe working condition.

The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. On 06/24/2015 B and H Electric inspected the smoke detection system and found it to be properly installed.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1 Main floor	15'11" x 12'9"	201	2
#2 North	14'3" x 19'10"	282	2
#3 South	17'8" x 14'3"	251	2

The living and dining room areas measure a total of 483 square feet of living space. This exceeds the minimum of 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, mentally impaired or traumatic brain injury, 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 various county Community Mental Health 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 as agreement upon in the resident care agreement. 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 Community Living Support Services L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 03/2015. 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 member of Community Living Support Services, L.L.C. has submitted documentation appointing Renae Clark as Licensee Designee and Administrator for this facility.

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

Ms. Clark has 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. 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 6).

Donna Konopka

06/29/2015

Donna Konopka
Licensing Consultant

Date

Approved By:

Jerry Hendrick

06/29/2015

Jerry Hendrick
Area Manager

Date