



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

July 30, 2015

Rashalle Austin
Unity Group IV, LLC
163 Fiske Road
Coldwater, MI 49036

RE: Application #: AS120377744
Unity Group IV, LLC
126 Gail Ann Drive
Coldwater, MI 49036

Dear Ms. Austin:

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 Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5050

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS120377744
Applicant Name:	Unity Group IV, LLC
Applicant Address:	163 Fiske Road Coldwater, MI 49036
Applicant Telephone #:	(517) 617-9591
Administrator/Licensee Designee:	Rashalle Austin
Name of Facility:	Unity Group IV, LLC
Facility Address:	126 Gail Ann Drive Coldwater, MI 49036
Facility Telephone #:	(517) 924-0666
Application Date:	05/15/2015
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/15/2015	Enrollment
05/19/2015	PSOR on Address Completed
05/19/2015	Inspection Report Requested - Health Inv. #1024308
05/19/2015	Contact - Document Sent Rules & Act booklets
05/19/2015	Application Incomplete Letter Sent Rec cl & FP's for Rashalle
05/26/2015	Contact - Document Received Rec cl's for Rashalle
05/26/2015	Comment FP's ok per Cheryl
05/26/2015	Application Complete/On-site Needed
05/29/2015	Application Incomplete Letter Sent
06/09/2015	Contact - Document Received
07/08/2015	Inspection Completed On-site
07/24/2015	Inspection Completed On-site
07/28/2015	Contact - Document Received
07/28/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a wood frame ranch style home with a walkout basement located in a subdivision outside the town of Coldwater, MI. On the main floor there are 3 resident bedrooms, a kitchen, a dining room, a family room, a living room, a full bathroom and a second bathing area located within the master bedroom. The master bedroom has a capacity of 2 residents; bedrooms 1 and 2 on the main floor are single occupancy rooms. The lower level contains bedrooms 3 and 4 which will both be single occupancy, a recreational area, a full bathroom and the laundry/furnace room. Bedrooms 3 and 4 have egress windows to the outside, but the main evacuation route

is through the garage on the lower level which leads directly to the outside. The facility is not wheelchair accessible.

The facility has a private water and septic system. On 05/28/2015 the Branch-Hillsdale-St. Joseph Co. Health Department inspected those systems. The facility was given an A rating, indicating substantial compliance with applicable rules.

The gas furnace and water heater are located in a basement fire enclosure 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 that is equipped with an automatic self-closing device and positive-latching hardware. Floor separation is achieved by a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of stairs. 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 05/08/2015 Stantons Structures inspected the smoke detection system and found it to be up to date and in working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Master	15 x 14	210	2
1	11 x 11	121	1
2	11 x 11	121	1
3	15 x 12	180	1
4	11 x 10'6"	115.5	1

The living room areas measure a total of 371square 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 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 intends to accept residents from various community mental health agencies as a referral source.

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 program and medical needs as agreed 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 Unity Group IV, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/21/2015. 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 members of Unity Group IV, L.L.C. have submitted documentation appointing Rashalle Austin as Licensee Designee and Administrator of the facility.

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

Ms. Austin provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Austin is currently the Licensee Designee of 3 other AFC open facilities and has been involved in adult foster care for many years.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 4 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.

IV. RECOMMENDATION

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



07/30/2015

Donna Konopka
Licensing Consultant

Date

Approved By:



07/30/2015

Jerry Hendrick
Area Manager

Date