



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

June 29, 2015

Samantha Rush  
Rush Family AFC, LLC  
103 W. Tyrell Street  
St. Louis, MI 48880

RE: Application #: AM290377605  
Bravo House  
4894 Lumberjack Road  
Riverdale, MI 48877

Dear Ms. Rush:

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 9 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,

A handwritten signature in cursive script that reads "Dawn Timm".

Dawn N. Timm, Licensing Consultant  
Bureau of Children and Adult Licensing  
5303 S Cedar  
PO Box 30321  
Lansing, MI 48909  
(517) 899-5675

enclosure

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

**I. IDENTIFYING INFORMATION**

|                               |   |
|-------------------------------|---|
| <b>License #:</b>             | AM290377605                                 |
| <b>Applicant Name:</b>        | Rush Family AFC, LLC                        |
| <b>Applicant Address:</b>     | 2 Balsam Drive<br>St. Louis, MI 48880       |
| <b>Applicant Telephone #:</b> | (989) 533-1313                              |
| <b>Administrator:</b>         | Samantha Rush                               |
| <b>Licensee Designee:</b>     | Samantha Rush                               |
| <b>Name of Facility:</b>      | Bravo House                                 |
| <b>Facility Address:</b>      | 4894 Lumberjack Road<br>Riverdale, MI 48877 |
| <b>Facility Telephone #:</b>  | (989) 833-2877                              |
| <b>Application Date:</b>      | 04/28/2015                                  |
| <b>Capacity:</b>              | 9   |
| <b>Program Type:</b>          | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL    |

## II. METHODOLOGY

|            |   |
|------------|---|
| 04/28/2015 | Enrollment  |
| 04/29/2015 | Contact - Document Sent<br>Rules & Act booklets           |
| 04/29/2015 | Application Incomplete Letter Sent<br>Rec cl for Samantha |
| 05/13/2015 | Contact - Document Received<br><br>Rec cl for Samantha    |
| 05/13/2015 | Inspection Report Requested - Health<br>Inv. #1024294     |
| 05/13/2015 | Inspection Report Requested - Fire                        |
| 05/13/2015 | Contact - Document Sent<br>Fire Safety String             |
| 05/13/2015 | Application Complete/On-site Needed                       |
| 05/20/2015 | Inspection Completed-Env. Health : A                      |
| 06/09/2015 | Inspection Completed-BFS: A                               |
| 06/23/2015 | Application Incomplete Letter Sent                        |
| 06/23/2015 | Inspection Completed On-site                              |
| 06/24/2015 | Inspection Completed- Full Compliance- documents received |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Bravo House is a single-story, ranch style facility located in the small town of Elm Hall, Michigan, in Gratiot County. The closest larger town with grocery, hospital, and other amenities is Alma, Michigan, which is approximately 20 minutes away from Elm Hall. The AFC facility has six resident bedrooms, a large resident living room, kitchen, staff office, dining room, small kitchenette for eating or visiting, two full bathrooms, one half-bathroom, a covered front porch, and an open back deck located off of the dining room. The front exit and the exit located off of the dining room, both of which are main exits and are used during emergencies, are both wheelchair accessible and equipped with wheelchair ramps. The facility utilizes a private water and private sewage system. The

Mid-Michigan Health Department conducted an inspection on 05/20/2015 and the facility received an 'A' rating.

The natural gas furnace and electric water heater are located in the basement. Floor separation is created by a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware. The facility also has a back-up generator connected to the furnace, so in the event power is lost in the town the facility is never without power.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules that occur specifically during a change in ownership. This is occurring with this facility at this time.

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

| Bedroom #   | Room Dimensions | Total Square Footage | Total Resident Beds |
|-------------|-----------------|----------------------|---------------------|
| Room #1     | 9'0" x 10'0"    | 90 square feet       | One resident        |
| Room #2     | 11'4" x 20'6"   | 232.27 square feet   | Two residents       |
| Room #3     | 9'9" x 23'      | 224.25 square feet   | Two residents       |
| Room #4     | 10'8" x 9'      | 96 square feet       | One resident        |
| Room #5     | 10'6" x 11'0"   | 115.5 square feet    | One resident        |
| Room #6     | 12'0" x 13'6"   | 162 square feet      | Two residents       |
| Living Area | 12'8" x 24'6"   | 310 square feet      |                     |
| Dining Area | 11'0" x 10'0"   | 110 square feet      |                     |

The indoor living and dining areas measure a total of 420 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 9 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to nine female residents who are aged, mentally ill, and/or developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Gratiot County DHS and Gratiot CMH. The applicant stated that the LLC is leasing the property from Gratiot CMH and the lease states the applicant is able to fill residents beds according from DHS placements if there is need for CMH placements.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the library, local museums, shopping centers, churches, and community events. These resources provide an environment to enhance the quality of life and increase the independence of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is Rush Family AFC, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 07/11/2014. 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. This facility is currently undergoing a change in ownership and was offered to Rush Family AFC, LLC, after the previous licensee lost their contract with CMH. Consequently, this is an active facility with residents currently in care.

The members of Rush Family AFC, L.L.C. have submitted documentation appointing Samantha Rush as licensee designee and administrator for this facility.

Criminal history background checks of Samantha Rush, licensee designee and administrator, were completed and she was determined to be of good moral character to provide licensed adult foster care. She also submitted statements from a physician documenting her good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Samantha Rush is currently the licensee designee and administrator of one other AFC facility. She has worked in this capacity for the past eight months with residents diagnosed with chronic mental health conditions and developmental disabilities. Prior to this, Mrs. Rush worked as a direct care staff member for 10 years. She worked with individuals who were aged and/or diagnosed with chronic mental health conditions or developmental disabilities. Mrs. Rush stated gaining great satisfaction from working with residents.

The staffing pattern for the original license of this nine bed facility is adequate and includes a minimum of one staff for nine residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will not be awake during sleeping hours unless resident needs indicate that staff members must be awake during the midnight shift.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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 acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed 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 nine residents.



06/29/2015

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Dawn N. Timm  
Licensing Consultant

Date

Approved By:



6/29/15

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Betsy Montgomery  
Area Manager

Date