



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

August 7, 2015

Mayra Ramos
ResCare Premier, Inc.
PO Box 100
Milan, MI 48160

RE: Application #: AS130377415
ResCare Premier Farmview
16534 14 Mile Road
Battle Creek, MI 49014

Dear Ms. Ramos:

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 cursive script that reads "Kenneth Tindall".

Kenneth Tindall, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS130377415

Applicant Name: ResCare Premier, Inc.

Applicant Address: 9901 Linn Station Road
Louisville, KY 40223

Applicant Telephone #: (734) 439-8672

Administrator/Licensee Designee: Mayra Ramos, Designee and Administrator

Name of Facility: ResCare Premier Farmview

Facility Address: 16534 14 Mile Road
Battle Creek, MI 49014

Facility Telephone #: (269) 781-8059

Application Date: 04/27/2015

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/27/2015	Enrollment
04/29/2015	Inspection Report Requested - Health 1024196
04/29/2015	Contact - Document Sent Rule & ACT Books
04/29/2015	File Transferred To Field Office Kalamazoo
06/04/2015	Inspection Completed On-site
06/04/2015	Inspection Completed-BCAL Sub. Compliance
06/10/2015	Inspection Completed-Env. Health : A
06/18/2015	Contact - Document Received Variance request from Licensee Designee
08/04/2015	Inspection Completed On-site
08/04/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a newly constructed ranch style home located in rural area of Calhoun County. The applicant is leasing this property. On file is proof of ownership, copy of the lease agreement, permission from owner that property be used for adult foster care, and permission for the department to conduct necessary inspections.

The upper level has 4 resident bedrooms, 2 full bathrooms, kitchen, dining room, living room, and sitting room. The lower level will be used for resident activities and includes a sitting room, large activity area, bathroom, staff office/bedroom and kitchen. It is not wheelchair accessible.

Onsite inspections verified this home is in substantial compliance with rules pertaining to environmental health. It has private water and sewer systems that were inspected and approved by the local health inspection agency.

Onsite inspections verified this home is in substantial compliance with rules pertaining to fire safety. There is a propane furnace on the lower level that is enclosed in an approved heat plant room. On file is verification the furnace was installed by a licensed heating contractor. Floor separation includes an approved self-closing fire door at the bottom of an enclosed stairway that leads to the lower level. The facility is equipped

with an interconnected, wireless smoke detection system which was installed by a qualified service 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
1	13'1" by 19'7"	335	2
2	12'10" by 13'	167	1
3	13'1" by 13'	170	2
4	13'1" by 10'6"	137	1

The living, dining, and sitting room areas measure a total of about 1,400 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. The applicant is approved to serve aged, developmentally disabled, mentally ill, physically handicapped or traumatically brain injured populations. The applicant also will contract to provide specialized care to mentally ill and/or developmentally disabled adults.

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.

Emergency transportation can be obtained by calling 911. The applicant's program statement indicates they will provide transportation to medical appointments, therapies and leisure/recreational activities.

C. Applicant and Administrator Qualifications

The applicant is ResCare Premier, Inc., which is a "For Profit Corporation" was established in Michigan, on 11/18.2003. 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 ResCare Premier, Inc. has submitted documentation appointing Mayra Ramos as Licensee Designee for the corporation, and Administrator of the facility. Ms. Ramos has extensive experience as the Designee and Administrator for other facilities licensed by this corporation.

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

Ms. Ramos 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 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 in the program statement that direct care staff will be awake during sleeping hours.

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.

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).

Kenneth Tindall

08/05/2015

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Jerry Hendrick

08/05/2015

Jerry Hendrick
Area Manager

Date