



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

November 18, 2015

Autumn Taylor
1016 Ralston Road
Sherwood, MI 49089

RE: Application #: AS750378264
Pleasant Acres
31055 M-60
Leonidas, MI 49066

Dear Ms. Taylor:

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,

A handwritten signature in black ink that reads "Susan Gamber".

Susan Gamber, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS750378264
Applicant Name:	Autumn Taylor
Applicant Address:	1016 Ralston Road Sherwood, MI 49089
Applicant Telephone #:	269-503-4235
Administrator/Licensee Designee:	Autumn Taylor
Name of Facility:	Pleasant Acres
Facility Address:	31055 M-60 Leonidas, MI 49066
Facility Telephone #:	(269) 496-9055
Application Date:	06/22/2015
Capacity:	6
Program Type:	MENTALLY ILL

II. METHODOLOGY

06/22/2015	Enrollment
06/26/2015	Inspection Report Requested - Health Invoice #1024466
06/26/2015	Contact - Document Sent Rules & Act booklets
06/26/2015	Application Incomplete Letter Sent Record clearance & Finger Prints for Autumn
07/06/2015	Comment Finger Prints for Autumn
07/10/2015	Contact - Document Received Rec cl for Autumn
07/15/2015	Application Complete/On-site Needed
07/22/2015	Application Incomplete Letter Sent
09/17/2015	Inspection Completed On-site
09/17/2015	Inspection Completed-BCAL Sub. Non-Compliance
10/27/2015	Inspection Completed-Environmental Health : A
11/16/2015	Inspection Completed On-site
11/16/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two story wood frame home with basement located within the village limits of Leonidas. The home has recently been updated with vinyl siding, new windows, and roofing. The facility does not have wheelchair ramps and the two means of egress have steps.

This home has private water and septic systems. The Branch Hillsdale St. Joseph Community Health Agency conducted an inspection on September 22, 2015 and issued an "A" rating, signifying substantial compliance with applicable rules.

The main floor contains a kitchen, dining area, office, one half- bath and one full bathroom with a shower, living room, and four resident bedrooms. The upstairs contains a bedroom, storage area, and full bathroom with shower,

The heat plant is located in the basement, which will not be used for resident activities. The furnace was inspected by a professional heating service on September 23, 2015 and was found to be in satisfactory working condition. The hot water heater was replaced on October 27, 2015. Floor separation is provided to the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with an interconnected, wireless smoke detection system, with battery backup, which was installed by a licensed company and is fully operational. The system includes door alarms, and the security and fire alarms are routed directly into the local fire and police departments.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'6" x9.3"	115	1
2	9"x9"9'	87	1
3	12"9'x9"9'	124	1
4	15"x14"	210	2
5	15"x14"	210	2

The living, dining, and sitting room areas measure a total of 210 square feet of living space which meets 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 mental illness who may be verbally and/or physically aggressive. The applicant has applied for specialized program certification and intends to accept clients from Community Mental Health & Substance Abuse Services of St. Joseph County. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. 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 has a van and will provide all transportation for medical needs. Program transportation needs will be met by public transportation.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's outside employment.

A fingerprint clearance request was completed with no convictions recorded for the applicant /administrator. The applicant/ administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The applicant/administrator 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 two staff –to- six residents during awake hours and one staff to six residents during hours of sleep. 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 residents' 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.

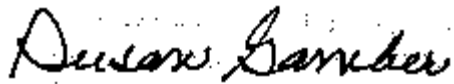
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Quality of care rules will be evaluated during the temporary license period when residents are in care.

IV. RECOMMENDATION

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



November 17, 2015

Susan Gamber
Licensing Consultant

Date

Approved By:



November 18, 2015

Betsy Montgomery
Area Manager

Date