



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

RICK SNYDER
GOVERNOR

MIKE ZIMMER
DIRECTOR

February 8, 2016

Sanford Martin
S & S Land Holdings, LLC
3901 Fortune Blvd.
Saginaw, MI 48603

RE: Application #:	AL090377920 Hampton Manor II 568 N. Pine Road Bay City, MI 48708
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Dear Mr. Martin:

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 20 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,

Mary T. Fischer, Licensing Consultant
Bureau of Community and Health Systems
1509 Washington, Suite A
Midland, MI 48640
(989) 293-6338
Work Hours 7AM to 5:30PM
Monday through Thursday
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL090377920
Applicant Name:	S & S Land Holdings, LLC
Applicant Address:	508 Pine Road Bay City, MI 48708
Applicant Telephone #:	(989) 778-1713
Administrator/Licensee Designee:	Sanford Martin, Designee
Name of Facility:	Hampton Manor II
Facility Address:	568 N. Pine Road Bay City, MI 48708
Facility Telephone #:	(989) 778-1713
Application Date:	05/20/2015
Capacity:	20
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

05/20/2015	Enrollment
06/04/2015	Application Incomplete Letter Sent FP/Sanford.
06/04/2015	Contact - Document Sent Public Act 218 & Rules.
08/06/2015	Inspection Report Requested – Health 1024646.
08/06/2015	Inspection Report Requested - Fire
08/06/2015	Contact - Document Sent Fire Safety string.
08/06/2015	File Transferred To Field Office Saginaw.
09/01/2015	Application Incomplete Letter Sent Received File in Midland BCAL
09/11/2015	Contact - Document Received Corrected copy of Application.
10/13/2015	Inspection Completed On-site Building still under construction. Expect completion within the next 30 days. Reviewed Paperwork requirements with Sam Martin and Nursing Director, Paula Dennison.
01/11/2016	Inspection Completed On-site, Environmental Health, "A" rating.
01/28/2016	Inspection Completed On-site No stove/oven in kitchen. Torn Screen in Room 416, Rooms are not furnished.
02/01/2016	Inspection Completed On-site with Sam Martin, Licensee Designee. Requested a residential stove and hood be installed in the kitchen.
02/01/2016	Contact - Telephone call made to Environmental Health Inspector.
02/02/2016	Contact - Document Received Picture of Stove installed in kitchen. Electrician will install hood vent on 2/3/16. PSOR completed for address.
02/02/2016	Contact - Document Sent Showed Mark Hornberger, OFS inspector the stove and the connection (220) which he approved.
02/04/2016	Inspection Completed On-site- Final walk through, picked up remaining paperwork, observed appliances in kitchen.
02/04/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a newly constructed 15,000 square foot, craftsman style, single story twin twenty wood-sided building, built by the Neil DeShano Construction company. There is one main commercial kitchen on Hampton Manor I which will prepare food for these twin-twenty facilities. There is a smaller kitchen in the Hampton Manor II which is equipped to prepare meals for up to 20 residents. The smaller kitchen includes a refrigerator, standing freezer, dishwasher, stove and hood, along with counter space and cupboards to prepare adequate meals. Hampton Manor I and II have ample parking space. The Hampton Manor I and II facilities are at street level for easy access to residents and family members with physical disabilities. The hallways are 6.5 feet wide with railings on each side for ease of ambulation. The facility is located on the far East side of Bay City, close to medical services, shopping and public resources such as libraries, public transportation, senior services. The McLaren Hospital is within two miles of the facility.

The furnaces and 4 hot water heaters are located in the basement with a self-closing, 1-3/4 inch solid core door in a room that is constructed of material that has a 90 minute-fire-resistance rating. The building is equipped with a state of the art sprinkler system and with interconnected; hardwire smoke detection system, with battery backup. The smoke detectors were installed by a licensed electrician and are fully operational. The facility has an alarm system which will automatically alert the local Fire Department in case of emergency. The facilities are divided by a 2-hour firewall, automatic closing fire doors in the resident hallways and the heat ducts have closing devices in place that automatically close to prevent smoke travelling from one part of the building to another. The building is adequately supplied with fully charged fire extinguishers throughout. The Office of Fire Safety gave an "A" rating on their inspection completed on 01/07/16. The Bay County Environmental Sanitarian inspected the facility and gave an "A" rating on 01/11/16.

There are three different resident room designs in this facility. The "River" style room, has a full, private bathroom and a bedroom. The "Lake" has a small efficiency kitchen, full, private bathroom, sitting area and bedroom. The "Bay" is an apartment style room with a small kitchenette, full bathroom, living room area, and a separate bedroom. There are 4 "Bay" style, 4 "Lake" style and 12 "River" style resident rooms. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bay (1-4) bedroom	25.1' x 24' + 10' x 12'	602 sq. feet + 120= 722	1 resident per room (4 of this model)
Lake (5-8)	15.8' x 24'	379 sq. feet	1 resident per room (4 of this model)
River (9-	13' x 24'	312 sq. feet	1 resident per room

20)		(12 of this model)
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The living, dining, and family dining room, salon, and spa room areas measure a total of 1,744 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. There is also an extra apartment room which will be used for storage, not for resident use.

Based on the above information, it is concluded that this facility can accommodate **20** 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 **20** male or female ambulatory adults, ages 50 and older, whose diagnosis is Aged, Mentally Ill, or Physically Handicapped, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Residents will be referred from: local hospitals, Physicians, Senior Services, and public advertisements.

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 Applicant does not intend to provide long term care to residents who consistently require behavioral intervention.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. The facility has a spa and beauty salon in the facility. It is the intent of this facility to utilize local community resources including public theaters, libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is S & S Landholdings, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 7/22/14. 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 S & S Landholdings, L.L.C. has submitted documentation appointing Sanford Martin as Licensee Designee and as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee / administrator submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

The licensee designee and 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 20 -bed facility is adequate and includes a minimum of 2 staff –to- 20 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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), IdentoGo by Morpho Trust USA and the related documents required to be maintained in each employee 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. This applicant has indicated on the Resident Admission policy that a designated representative or family members must handle resident funds.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 temporary license to this AFC adult large group home (capacity 13-20).
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02/08/2016

Mary T. Fischer Licensing Consultant	Date
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Approved By:



02/08/2016

Mary E Holton Area Manager	Date
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