



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 28, 2016

Robin Rappley  
Jacaloro LLC  
3045 Mannion Road  
Saginaw, MI 48603

RE: Application #:	AM560378418 Avielle Haven 2760 E. Yoder Drive Midland, MI 48640
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Dear Ms. Robin Rappley:

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 12 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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM560378418
<b>Applicant Name:</b>	Jacaloro LLC
<b>Applicant Address:</b>	3045 Mannion Road Saginaw, MI 48603
<b>Applicant Telephone #:</b>	(989)295-7474
<b>Administrator/Licensee Designee:</b>	Robin Rappley, Designee
<b>Name of Facility:</b>	Avielle Haven
<b>Facility Address:</b>	2760 E. Yoder Drive Midland, MI 48640
<b>Facility Telephone #:</b>	(989) 274-0815
<b>Application Date:</b>	06/17/2015
<b>Capacity:</b>	12
<b>Program Type:</b>	Aged, Alzheimer's, Physically Handicapped

## II. METHODOLOGY

06/17/2015	Enrollment
07/13/2015	Application Incomplete Letter Sent Application for Medium Group LLC, FP/Robin Rappley.
07/13/2015	Contact - Document Sent Act & Rules.
07/24/2015	Contact - Document Received Corrected Application
07/27/2015	Inspection Report Requested – Health 1024560.
07/27/2015	Inspection Report Requested - Fire
07/27/2015	Contact - Document Sent Fire Safety String.
07/27/2015	File Transferred To Field Office Saginaw.
08/03/2015	Application Incomplete Letter Sent
08/26/2015	Contact - Document Received a letter from Health Department re: well water and septic changes needed, and other comments regarding the Sanitarians initial inspection.
10/02/2015	Contact - Document Received Second Letter from Health Dept. - new well is required to meet the water system demand for medium group home.
02/09/2016	PSOR on Address Completed None
04/04/2016	Inspection Completed On-site
04/06/2016	Contact - Document Received Ingersol Township Special use permit and Board meeting notes.
04/13/2016	Inspection Completed On-site Pick up licensing documents to complete the application phase.
04/25/2016	Inspection Completed-Environmental Health : A
04/25/2016	Contact Telephone call to Robin Rappley and the Architect, Mr. Penny regarding floor space in one bedroom.
04/26/2016	Inspection Completed On-site- Final Walk through to be sure everything is finished and to re-measure bedroom 7.
04/28/2016	Inspection Completed by Mark Hornberger, Office of Fire Safety, A

	Rating given effective today.
04/28/2016	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Avielle Haven is a raised ranch, wood with vinyl siding, built in 1989 and has over 3500 square feet. There is a small crawl space under the building with access to plumbing fixtures. The facility is equipped with a handicap accessible ramp at the front and rear exits of the building. The facility has 2 full handicap accessible bathrooms all residents have access to and there is one private full size bathroom in one double occupancy bedroom which is used only by the occupants of that bedroom. The home has five double occupancy bedrooms and two single occupancy bedrooms. There is a kitchen dining room area and a very large living room offering ample recreational space in the home. The facility has an oxygen storage room with a one hour barrier surround. Avielle Haven is situated at the end of a country road with beautiful quiet country views out of the windows. The home has a large deck in front and in the rear of the home.

The furnace and hot water heater 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 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician 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	14' x 10.2'	143	2
2	14 x 10 1/2	142	2
3	14 x 10.5	147	2
4	11.8 x 13.2	155	2
5	9.10 x 13.2	120	1
6	11.4 x 13.2	150	2
7	10 x 9.6	96	1

The living, dining, and sitting room areas measure a total of **573** square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **twelve (12)** 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 **twelve** (12) 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. Residents will be referred from: Home Health Care agencies in the tri-cities area as well as Region 7 Area on Aging Services.

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 all transportation for program and medical needs. 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 Jacaloro, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 03/17/2015. 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 Board of Directors of Jacaloro, L.L.C. has submitted documentation appointing Robin Rappley, RN, as Licensee Designee for this facility and Cari Foerster, RN, as the Administrator of the facility.

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

The licensee designee and administrator have 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 12 -bed facility is adequate and includes a minimum of 1 staff –to- 12 residents per shift (depending upon the residents' needs for a two person assist, the staffing would increase). 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 1-to- 12 resident's 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](http://www.miltcpartnership.org)), IdentoGo by Morpho Trust USA, 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 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.

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.

**VI. RECOMMENDATION**

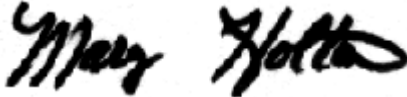
I recommend issuance of a temporary license to this AFC adult medium group home (capacity 1-12).
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04/28/2016

Mary T. Fischer Licensing Consultant	Date
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Approved By:



04/29/2016

Mary E Holton Area Manager	Date
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