



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 26, 2016

Joyce Peterson
60407 M43 Highway
Bangor, MI 49013

RE: Application #: AS800362293
Joyful Living
328 Edgell Street
South Haven, MI 49090

Dear Ms. Peterson:

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.

Ken Tindall is now assigned as your licensing consultant. His telephone # is 269-615-5190.

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 "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 #:	AS800362293
Applicant Name:	Joyce Peterson
Applicant Address:	60407 M43 Highway Bangor, MI 49013
Applicant Telephone #:	(269) 639-9430
Administrator/Licensee Designee:	Joyce Peterson
Name of Facility:	Joyful Living
Facility Address:	328 Edgell Street South Haven, MI 49090
Facility Telephone #:	(269) 637-4823
Application Date:	06/18/2014
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/18/2014	Enrollment
06/20/2014	Contact - Document Sent Rules & Act booklets
07/23/2014	Application Incomplete Letter Sent
04/30/2015	Inspection Completed On-site
05/01/2015	Inspection Completed-BCAL Sub. Non-Compliance
06/02/2015	Contact - Telephone call made discussed fire safety rules-gave verbal approval for second exit
08/26/2015	Technical Assistance re: exit and bedroom space
01/14/2016	Inspection Completed On-site
03/01/2016	Rule Variance/Exemption Denied
03/07/2016	Technical Assistance re: variance denial
04/22/2016	Application complete/on-site needed
04/22/2016	Inspection completed-Full compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a bi-level home with an entrance at ground level and then steps up to the main living area and steps down to the bedroom area. The main level has a living room, dining room, kitchen, den, full bathroom with tub/shower, office, and one bedroom. There is a second exit from the kitchen. The facility is not wheelchair or handicapped accessible. The lower level contains four resident bedrooms, a full bathroom with tub/shower, laundry room, and furnace room. The lower level contains two exits, one of which leads directly to the outside.

This home is located in a residential neighborhood within the city limits of South Haven and utilizes city utilities including water and septic systems.

The gas furnace and hot water heater are located in the basement in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch

solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected smoke detection system, which was installed by a licensed electrician and is fully operational.

Floor separation is provided between the lower and upper levels with a 1 ¾ inch solid core wood door or equivalent.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 (upper level)	12'x12'6"	150	1
2	10'6"x11'6"	120	1
3	10'x11'6"	115	1
4	11'6"x12'6"	143	1
5	13'6"x12'6"	168	2

The living, dining, and sitting room areas measure a total of 234 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 ambulatory adults whose diagnosis is developmental disability in the least restrictive environment possible. The program will include development of social interaction skills, personal hygiene skills, personal adjustment skills, and public safety skills. The applicant intends to accept residents from Van Buren County-DHHS, Van Buren County CMH, or private pay individuals as a referral source.

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 transportation for program and medical needs as agreed to in resident care agreements. 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 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.

A criminal history background check found no convictions 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 six bed facility is adequate and includes a minimum of one staff –to- six 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 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.

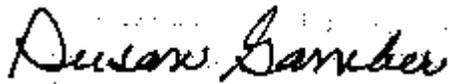
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 once residents are in care during the temporary license period.

IV. RECOMMENDATION

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



April 26, 2016

Susan Gamber
Licensing Consultant

Date

Approved By:



April 26, 2016

Betsy Montgomery
Area Manager

Date