



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 2, 2016

Rosemary Bashill
Superior Health Support Systems
1501 W. 6th Ave.
Sault Ste. Marie, MI 49783

RE: Application #: AS170382196
The Merlin House
1703 Hyde
Sault Ste. Marie, MI 49783

Dear Mrs. Bashill:

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS170382196
Applicant Name:	Superior Health Support Systems
Applicant Address:	Suite 120 1501 W. 6th Ave. Sault Ste. Marie, MI 49783
Applicant Telephone #:	(906) 632-9886
Licensee Designee:	Rosemary Blashill
Administrator:	Tracy Holt
Name of Facility:	The Merlin House
Facility Address:	1703 Hyde Sault Ste. Marie, MI 49783
Facility Telephone #:	(906) 635-8399
Application Date:	02/17/2016
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

02/04/2016	Contact - Face to Face Went over the licensing rules and policies that are required.
02/17/2016	Enrollment
02/17/2016	Application Incomplete Letter Sent
04/01/2016	Contact - Telephone call made I called Tracy to verify that she submitted the correct application. Facility will submit correct application and the increased fee.
04/05/2016	Application Incomplete Letter Sent needs 40.00 fee and 1326 for Tracey
04/05/2016	Contact - Document Received Received an email with required program statement, admission and discharge statements and 1326A
04/20/2016	Contact - Document Received Received the corrected application and 40.00 fee - sent to cashier
05/18/2016	Contact - Telephone call made I called facility to clarify who the designee and administrator are. They are going to correct the application and fax it back
05/18/2016	Contact - Document Received Received corrected application identifying Rosemary Bashill as the designee and Tracy Holt as the administrator.
05/24/2016	Inspection Completed On-site Final walk through Received floor plan, Right to occupy and proof of ownership. Reviewed personnel policies and procedures.
05/27/2016	Contact - Document Received Received the medical clearances
05/27/2016	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a newly built single story home owned by Superior Health Support Systems. Superior Health Support Systems has been providing care for the elderly in Sault Ste. Marie for many years. They also own and operate the home for the aged, Hearthside Assisted Living which is located next to this new facility.

This is an Adult Foster Care home licensed for 6 residents who are aged and dealing with dementia and or Alzheimer's. The home is located in Upper Michigan (Chippewa County). The Licensee Designee is Rosemary Bashill and the Administrator is Tracy Holt. The manager is Delores Kivi who is a registered nurse. The facility is handicap accessible with 2 approved means of egress fully equipped with wheelchair ramps. The facility has provided their program statement, admission and discharge policies and their house rules. They have also provided training information that they will be using to train staff in caring for residents with memory issues.

The home is located in a quiet neighborhood on Hyde St. in Sault Ste. Marie, MI. The home is close to the community hospitals, shopping centers and recreational opportunities. The home is a six bedroom home giving each resident a private bedroom and each bedroom has a half bath with their own toilet and sink. There is 1 barrier free bathing room in the facility that will be used for all 6 residents.

Bedroom 1 13'6"x11'6" or 158 sq. feet

Bedroom 2 13'6"x11'6" or 158 sq. feet

Bedroom 3 13'6"x11'6" or 158 sq. feet

Bedroom 4 13'6"x11'6" or 158 sq. feet

Bedroom 5 13'6"x11'6" or 158 sq. feet

Bedroom 6 13'6"x11'6" or 158 sq. feet

Living room/ common area is 23'x19'.3" or 443 sq. feet

Dining room is 13'6"x11'6" or 158 sq. feet

The furnace is located in the back part of the garage and is fully enclosed with the appropriate fire safety requirements.

B. Program Description

The facility provides 24-hour supervision, protection and personal care for up to 6 residents over the age of 60 who are aged or have Alzheimer. There will be at least 1 staff person on duty at all times.

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also

promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

The facility has been found in full compliance with fire safety and environmental health. A licensing record clearance was completed with no LEIN convictions. The facility has submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

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 applicants has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained.

The applicant acknowledges 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 applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

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.

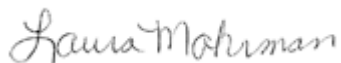
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

C. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this small adult foster care home with a capacity of 6 residents.

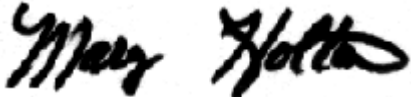


6/2/2016

Laura Mohrman
Licensing Consultant

Date

Approved By:



6/2/2016

Mary E Holton
Area Manager

Date