



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 2, 2016

Karen LaFave
Adult Learning Systems - UP, Inc
290 Rublien St, Suite F
Marquette, MI 49855

RE: Application #: AS210384697
Town House
7271 Lake Bluff 19.4 Road
Gladstone, MI 49837

Dear Ms. LaFave:

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 black ink, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS210384697

Applicant Name: Adult Learning Systems - UP, Inc

Applicant Address: 290 Rublien St, Suite F
Marquette, MI 49855

Applicant Telephone #: (906) 228-7370

Administrator/Licensee Designee: Karen LaFave, Designee

Name of Facility: Town House

Facility Address: 7271 Lake Bluff 19.4 Road
Gladstone, MI 49837

Facility Telephone #: (906) 420-8280

Application Date: 07/15/2016

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

07/15/2016	Enrollment
07/15/2016	Application Incomplete Letter Sent needs 1326
09/06/2016	Application Incomplete Letter Sent needs updated 1326 for Karen LaFave
09/06/2016	Application Incomplete Letter Sent needs health
09/19/2016	Application Complete/On-site Needed
09/27/2016	Inspection Completed-Env. Health : A 1026089
10/24/2016	Contact - Telephone call received Phone call from Karen LaFave.
10/27/2016	Contact - Telephone call received Phone call from RN Sherry Dysel.
11/01/2016	Inspection Completed On-site
11/01/2016	Inspection Completed-BCAL Full Compliance
11/01/2016	Contact - Document Received Program statements, policies, inspections received.
11/02/2016	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, single-story home built in 1973. It is located in the Township of Escanaba, close to the city of Gladstone. The home was formerly licensed as an AFC Home (License # AS210010576) by Pinecrest MCF Board from 08/30/1984 through 04/22/2014. The home was also licensed by Loving Hands Adult Foster Care LLC Beacon Specialized Care (License # AS210360757) from 07/15/2014 through 06/23/2015.

The property sits in a rural, golf community setting, but is in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. The home is owned by Pathways Community Mental Health and is being leased to Adult Learning Systems U.P. Inc. A letter signed by Jeanne Lippens, Contract/Compliance

Officer of Pathways, indicating the right to occupy was submitted and is maintained in the file.

The single story home has 2223 square feet and is totally handicapped accessible. There are 4 approved bedrooms. The home has a large kitchen and combined area. There are 2 large living rooms/recreational rooms available for resident use. There are 2 resident bathrooms all which have shower/tub facilities. The home is very neat, clean and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	97 sq. ft.	Approved capacity 1
Bedroom #2	102 sq. ft.	Approved capacity 1
Bedroom #3	148 sq. ft.	Approved capacity 2
Bedroom #4	155 sq. ft.	Approved capacity 2

The home has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home has a private septic tank and well. A final environmental inspection was completed by the Delta-Menominee District Health Department on 09/27/2016 resulting in an "A" rating. The septic system functions properly and the water tested safe for consumption.

The facility has an interconnected smoke detection system that was serviced and verified by Lammi Fire Protection on 10/10/2016.

The heating and water heating unit were inspected by Dave Artley (Lic # 7116348) of Don's HVAC, Inc., on 10/21/2016 and found to be in proper and good working order. The plumbing was inspected by Berger and King on 10/31/2016 and found to be in compliance. The electrical inspection was conducted by Kobas Electric on 10/31/2016 and was found to meet the code requirements.

B. Program Description

The facility proposes to serve both male and female adults (18 years and older) that are Developmentally Disabled, Physically Handicapped, and Mentally Ill. The home will also serve adults with Traumatic Brain Injury. The admission policy, program statements, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence program and community agencies. Adult Learning Systems U.P. Inc., intends to work closely with Pathways (Mental Health) to develop and implement a comprehensive individual program plan for each resident. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms Karen LaFave, the licensee/administrator. Ms. LaFave submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Ms. LaFave has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 6-bed facility is adequate and includes a minimum of 2 staff per 6 residents on the awake-shift (not including the Home Manager who is also in the home Monday through Friday 7:00AM-3:00PM) and 2 staff to 6 residents during the sleep shift.

The licensee acknowledged 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged 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 the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. 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 AFC adult small group home (capacity 6).




11/02/2016

Theresa Norton
Licensing Consultant

Date

Approved By:



11/02/2016

Mary E Holton
Area Manager

Date