



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 21, 2016

Connie Hart
The Lighthouse, Inc.
PO Box 289
Caro, MI 48723

RE: Application #: AM790384301
Promised Land
1890 Hope Drive
Caro, MI 48723

Dear Ms. Hart:

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,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|---|
| License #: | AM790384301 |
| Applicant Name: | The Lighthouse, Inc. |
| Applicant Address: | 1655 East Caro Road Caro, MI 48723 |
| Applicant Telephone #: | (989) 673-2500 |
| Administrator/Licensee Designee: | Connie Hart |
| Name of Facility: | Promised Land |
| Facility Address: | 1890 Hope Drive Caro, MI 48723 |
| Facility Telephone #: | (989) 673-3099 |
| Application Date: | 08/05/2016 |
| Capacity: | 12 |
| Program Type: | MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED |

II. METHODOLOGY

| | |
|------------|---|
| 08/05/2016 | Enrollment |
| 08/09/2016 | Contact - Document Received MedClr&TB/Dorothea. |
| 08/12/2016 | Application Incomplete Letter Sent FP, RI030,1326A/Connie&1326/Dorothea. |
| 08/12/2016 | Contact - Document Sent Act&Rules. |
| 08/12/2016 | Inspection Report Requested - Health 1026052. |
| 08/12/2016 | Application Incomplete Letter Sent EHI. |
| 09/08/2016 | Application Incomplete Letter Sent RI030/Connie. |
| 09/16/2016 | Contact - Document Received RI030. |
| 09/19/2016 | Inspection Report Requested - Fire |
| 09/19/2016 | Contact - Document Sent Fire Safety String. |
| 09/19/2016 | File Transferred To Field Office Flint/Saginaw. |
| 09/30/2016 | Application Incomplete Letter Sent |
| 10/12/2016 | Inspection Completed-Env. Health : A |
| 11/03/2016 | Inspection Completed-Fire Safety : A project 154874 - follow up |
| 11/09/2016 | Application Complete/On-site Needed |
| 11/09/2016 | Inspection Completed On-site |
| 11/09/2016 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility was continually licensed as a child care institution (CI790259979) until the issuance of this license. The two current residents have reached the age of 18 years or more, and the licensee thus made application to change this home to an adult foster care home licensed for twelve (12) residents. This single-story frame building is located on a residential street on the campus of The Lighthouse, Inc., near a number of other licensed facilities. Shopping, medical facilities, and access to other community-based services available in Caro, a few miles away from the property.

The Promised Land is built on a cement slab. The natural gas forced-air and hot water heater are located in a room that has a 1-hour-fire-resistance rating with a fire door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A full approval was issued by the Bureau of Fire Services on November 3, 2016. The furnace was determined to be fully operational on September 23, 2016. The home uses private water and sewer systems. A full approval was granted by the Tuscola County Health Department on October 12, 2016.

The Promised Land has a central living room, (32.7' X 23.6'), dining room (16.2' X 14.2'), kitchen, office, mechanical (furnace) room, laundry room, and two full bathrooms. There are (11) resident bedrooms located around the perimeter of the home, which were measured during the on-site inspection and have the following dimensions.

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 12.3' X 10.1' | 124 sq. feet | 1 |
| 2 | 12.3' X 9.8' | 120 sq. feet | 1 |
| 3 | 12.3' X 10' | 123 sq. feet | 1 |
| 4 | 12.3' X 15.2' | 187 sq. feet | 2 |
| 5 | 12.1' X 15.2' | 184 sq. feet | 2 |
| 6 | 12.1' X 9.9' | 120 sq. feet | 1 |
| 7 | 12.1' X 9.8' | 119 sq. feet | 1 |
| 8 | 12.1' X 10.1' | 122 sq. feet | 1 |
| 9 | 11.9' X 10.8' | 129 sq. feet | 1 |
| 10 | 13.5' X 10.8' | 146 sq. feet | 1 |

The living room and dining room areas measured a total of 1002 square feet of living space. This exceeds the minimum of 35 square feet per resident.

Based on the above information, it is concluded the 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 adults, ages 18 and older, whose diagnosis is developmentally disabled, mentally impaired, aged, physically handicapped and/or traumatically brain injured in the least restrictive environment possible. The facility is wheelchair accessible and wheelchair users will be admitted. 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 various agencies and private admissions.

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 provisions 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. Rule/Statutory Violations

The applicant is The Lighthouse Inc., which is a "For Profit Corporation" was established in Michigan, on 11/16/1984. 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 corporation has designated Connie Hart as the primary Licensee Designee to act on all licensing matters on behalf of the corporation. Dorothea Wilson will serve 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. Ms. Hart and Ms. Wilson submitted medical clearance request with statements from physicians documenting their good health and current TB-tine negative results.

The applicant 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 one staff-to-six 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), L-1 Identity Solutions™ (formerly Identix®), 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.

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.

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 medium group home (capacity 7-12).

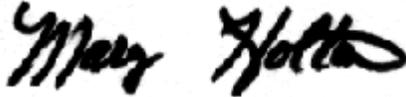


11/21/2016

Kathryn A. Huber
Licensing Consultant

Date

Approved By:



11/21/2016

Mary E Holton
Area Manager

Date