



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

February 14, 2017

Sheena Porritt  
PO Box 621  
Big Rapids, MI 49307

RE: Application #: AS540372499  
Tender House AFC  
521 Winter  
Big Rapids, MI 49307

Dear Ms. Porritt:

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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0560

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS540372499
<b>Applicant Name:</b>	Sheena Porritt
<b>Applicant Address:</b>	726 Sheridan Big Rapids, MI 49307
<b>Applicant Telephone #:</b>	(231) 580-4034
<b>Administrator:</b>	Sheena Porritt
<b>Name of Facility:</b>	Tender House AFC
<b>Facility Address:</b>	521 Winter Big Rapids, MI 49307
<b>Facility Telephone #:</b>	(231) 629-8099 02/03/2015
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## **II. METHODOLOGY**

02/03/2015	Enrollment
02/06/2015	Contact - Document Sent Rules & Act booklets
02/06/2015	Application Incomplete Letter Sent Additional Documents required
07/16/2015	Contact - Document Sent Email to applicant regarding documents to be submitted for application to proceed.
07/20/2015	Application Complete/On-site Needed
06/17/2016	Inspection Completed On-site
07/05/2016	Application Incomplete Letter Sent
11/17/2016	Inspection Completed On-site
12/30/2016	Contact - Document Received Medical Clearance for applicant
02/10/2017	Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

Tender House AFC is a single-story frame home with full basement, located in a residential area of Big Rapids near the hospital. The property is co-owned by applicant Sheena Porritt and Robert Ellis. The facility utilizes city water and sewer.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid wood core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed in the basement and main floor of the home. The home is equipped with ramps at the front and rear entrances of the home.

The home has five bedrooms for residents and one bedroom for staff. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.9' x 9.3'	101 sq. ft.	1
2	11.8' x 9.3'	110 sq. ft.	1
3	12.6' x 9.3'	117 sq. ft.	1
4	11' x 11.3'	124 sq. ft.	1
5	12.3' x 11.3'	139 sq. ft.	2

The living room (19.1' x 13.4' = 256 sq. ft.) and dining room (9.3' x 12.5' = 116 sq. ft.), yield a total of 372 square feet of living space, which exceeds the minimum requirement of 35 square feet per resident.

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. The facility may accept residents who regularly require the use of a wheelchair.

### **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 or female adults 18 years of age or older 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 may be referred from local community agencies, guardianship services, or private sources.

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 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. The applicant also has cash in savings and income from other AFC homes.

A licensing record clearance request was completed with no lien convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Applicant Sheena Porritt is a current licensee for other facilities and has 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 six residents per shift. Staff will be awake during sleeping hours if and when indicated as needed by resident plans.

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 acknowledges 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)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 her 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 her 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 residents of their resident rights and providing them with a copy of those rights. The applicant indicated that it is her 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 her 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 her 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 her 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.

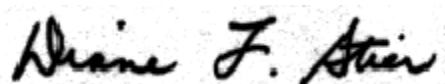
The applicant acknowledges her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

## **VI. RECOMMENDATION**

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



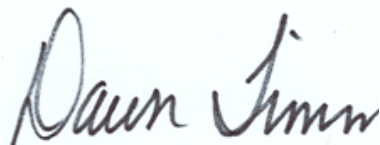
February 13, 2017

---

Diane L Stier  
Licensing Consultant

Date

Approved By:



02/13/2017

---

Dawn N. Timm  
Area Manager

Date