



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

February 16, 2017

Gloria Mitzelfeld
LADD, Inc.
P.O. Box 965
Clarkston, MI 48347

RE: Application #: AS110383298
Niles Pointe
2433 Bond Street
Niles, MI 49120

Dear Ms. Mitzelfeld:

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.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth Tindall".

Kenneth Tindall, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS110383298
Applicant Name:	LADD, Inc.
Applicant Address:	8054 Ortonville Rd Clarkston, MI 48348
Applicant Telephone #:	(517) 795-4010
Licensee Designee:	Gloria Mitzelfeld
Administrator:	Julia Jeffreys
Name of Facility:	Niles Pointe
Facility Address:	2433 Bond Street Niles, MI 49120
Facility Telephone #:	(269) 782-0654 03/30/2016
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

II. METHODOLOGY

03/30/2016	Enrollment Online enrollment
06/16/2016	Contact - Document Sent Rules & Act booklets
06/22/2016	Contact - Telephone call made Administrator Julia Jeffreys re proof of ownership/lease
06/23/2016	Contact - Document Received Facility and other required documents.
08/11/2016	Inspection Completed On-site
10/25/2016	Contact - Document Received variance request
02/08/2017	Contact - Telephone call made Administrator Julia Jeffreys
02/13/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home is located in a rural residential area near Niles, Michigan. It is a single story ranch that is of the standard former AIS/MR design. There is a kitchen, dining room, living room, family room, four resident bedrooms, 2 full bathrooms, laundry room, staff office, attached two car garage, and an enclosed heat plant room. It is in compliance with space requirements and is wheelchair accessible with three approved means of wheelchair egress.

On file is verification of property ownership and permission from the owner to have it used for adult foster care. Also on file is a copy of the lease that the property owner (North Slope Properties LLC) has with the applicant (LADD, Inc.).

I conducted an on-site inspection to verify that this home is in substantial compliance with rules pertaining to Environmental Health. The home has public water and sewer.

The home is in substantial compliance with rules pertaining to fire safety. The gas fired furnace and water heater are located in an approved heat plant room that is equipped with an approved self-closing fire door. On file is verification that the furnace and water heater were inspected and approved by a licensed heating contractor. The home is

equipped with and interconnected smoke detection system that was inspected and approved by a qualified service.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10" by 15'10"	171	2
2	15'10" by 11'8"	185	2
3	14'1" by 11'10"	166	1
4	14'1" by 11'10"	167	1

The living, dining, and sitting room areas measure a total of 635 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 or female ambulatory adults. The applicant intends to provide to physically handicapped adults and specialized care to adults who are developmentally disabled or mentally ill, in the least restrictive environment possible.

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's program statement indicates they will provide transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment.

C. Applicant and Administrator Qualifications

The applicant is LADD, Inc., which is a "Domestic Nonprofit Corporation", established in Michigan, on 6.26.1978. The applicant submitted financial information that demonstrates the financial capability to operate this adult foster care facility.

LADD, Inc. appointed Gloria Mitzelfeld as licensee designee and Julia Jeffreys as administrator. Ms. Mitzelfeld and Ms. Jeffreys both have extensive experience providing

adult foster care to the population identified on the application, and both satisfy the qualifications and training requirements identified in the administrative group home rules.

On file is medical, TB, and criminal record clearances for Ms. Mitzelfeld and Ms. Jeffries.

The applicant's program statement indicates its staffing pattern is adequate and includes a minimum of 2 awake staff during waking hours and one awake staff during sleep hours (11pm to 7am). 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 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 resident's 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.

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 six-month temporary license to this adult foster care small group home (capacity 1 - 6).

Kenneth Tindall

2.16.17

Kenneth Tindall
Licensing Consultant

Date

Approved By:

Dawn Timm

02/16/2017

Dawn N. Timm
Area Manager

Date