



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 20, 2017

Laura Hatfield-Smith
ResCare Premier, Inc.
Suite 1A
6185 Tittabawassee
Saginaw, MI 48603

RE: Application #: AS440387155
ResCare Premier Burnside
4895 Burnside Road
North Branch, MI 48461

Dear Ms. Hatfield-Smith:

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 blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

LicenseApplication #: AS440387155

Applicant Name: ResCare Premier, Inc.

Applicant Address: 9901 Linn Station Road
Louisville, KY 40223

Applicant Telephone #: (989) 791-7174

Licensee Designee: Laura Hatfield-Smith

Administrator: Laure Hatfield-Smith

Name of Facility: ResCare Premier Burnside

Facility Address: 4895 Burnside Road
North Branch, MI 48461

Facility Telephone #: (989) 791-7174

Application Date: 02/22/2017

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

02/22/2017	Enrollment
02/22/2017	SC-Application Received - Original
03/02/2017	Inspection Report Requested - Health 1026706.
03/02/2017	Application Incomplete Letter Sent FP&RI030/Laura.
03/02/2017	Contact - Document Sent Act&Rules.
04/01/2017	Application Complete/On-site Needed
04/10/2017	SC-ORR Response Requested
04/10/2017	SC-ORR Response Received-Approval
04/10/2017	Inspection Completed On-site
04/10/2017	Inspection Completed-BCAL Full Compliance
04/10/2017	Exit Conference
04/11/2017	SC-Recommend MI and DD
04/13/2017	Inspection completed- Env. Health:A
04/20/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one-story home located in North Branch, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is not wheel chair accessible.

The hot water heater and furnace are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

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

Location	Dimensions	Square Footage	Capacity
Bedroom #1	20'X14'	280 sq. ft.	2
Bedroom #2	20'X16'	320 sq. ft.	2
Bedroom #3	16'X15'	240 sq. ft.	1
Bedroom #4	20'X14'	280 sq. ft.	1
Total Capacity = 6 residents			

The living, dining, and sitting room areas measure a total of 970 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This facility has two full bathrooms for resident use and another half bathroom for staff use.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the applicant'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 age 18 to 99 whose diagnosis is developmentally disabled, mentally ill or traumatic brain injury 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.

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 applicant 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 is ResCare Premier Inc. and Laura Hatfield-Smith is the licensee designee and administrator. 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.

A licensing record clearance request was completed with no criminal convictions recorded for Ms. Hatfield-Smith. Ms. Hatfield-Smith submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The applicant 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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 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 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 applicant, 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 applicant, 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 administrative rules related to the physical plant. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

VI. RECOMMENDATION

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

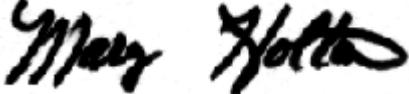


4/20/2017

Kent W Gieselman
Licensing Consultant

Date

Approved By:



4/20/2017

Mary E Holton
Area Manager

Date