



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 9, 2017

Timothy Adams
Silver Cloud Management LLC
1100 Willitts Road
Hastings, MI 49058

RE: Application #: AS080387517
Lallybroach Assisted Living
315 N. Taffee Drive
Hastings, MI 49058

Dear Mr. Adams:

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 cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS080387517
Applicant Name:	Silver Cloud Management LLC
Applicant Address:	1100 Willitts Road Hastings, MI 49058
Applicant Telephone #:	(616) 813-5471
Licensee Designee:	Timothy Adams
Administrator:	T. York Adams
Name of Facility:	Lallybroach Assisted Living
Facility Address:	315 N. Taffee Drive Hastings, MI 49058
Facility Telephone #:	(616) 813-5471
Application Date:	03/21/2017
Capacity:	6
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/21/2017	Enrollment Online enrollment
03/21/2017	Contact - Document Sent Rule & Act booklets
05/02/2017	Application Complete/On-site Needed
05/05/2017	Inspection Completed On-site
05/05/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lallybroach Assisted Living is a ranch style home located on the Thornapple River, directly adjacent to Tyden Park, housed within in a subdivision in the city of Hastings, MI. Residents will utilize the main floor of the home, which in addition to the living room, dining room, and kitchen consists of 6 resident bedrooms, each with an attached half bath, and one full bathroom containing a handicap accessible bathtub. The garden (basement) level of the home will not be utilized by residents at this time. It currently consists of 2 bedrooms, a living room, dining room, kitchen and bathroom. The applicant intends to utilize the basement level of the home as quarters for a live-in staff member. The home is wheelchair accessible and has three approved means of egress that are equipped with a ramps from the first floor. The home utilizes a public water supply and sewage disposal system.

The gas hot water heater and furnace are located in the basement and are behind a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was recently inspected by a licensed electrician and is fully operational. There are smoke detectors in every room of the main floor of the home, and several in the basement including near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 5" x 15' 5"	176	1
2	8' 0" X 14' 0"	112	1
3	8' 0" X 14' 0"	112	1
4	10' 5" X 9' 0"	94	1
5	10' 5" X 9' 0"	94	1
6	9' 0" X 9' 0"	81	1

The indoor living and dining areas measure a total of 448 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 6 male and/or female residents who are aged, mentally ill, or developmentally disabled. The program will include assistance with all activities of daily living, social interaction both in the home and in the community; and the opportunity for involvement in educational or day programs or employment. The applicant intends to assist with arranging transportation and will provide transportation for an hourly rate plus mileage. The applicant intends to accept referrals from Barry County DHHS, Barry County CMH, MI Choice Waiver program through MDHHS, or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the local library, movie theater, shopping, restaurants, local parks with live performances at the amphitheater, farmers' market, fishing, community garden, and the local Commission on Aging. These resources provide an environment to enhance the quality of life and for applicable residents, increase independence.

C. Applicant and Administrator Qualifications

The applicant is Silver Cloud, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 03/02/2017. 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 members of Silver Cloud, L.L.C. have submitted documentation appointing Timothy Adams as licensee designee for this facility and T. York Adams as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Licensee designee Timothy Adams is the licensee designee for three currently active adult foster facilities. He has successfully operated in this capacity since 1980. As the licensee designee he involved in the oversight of the facilities and has had direct contact and experience with residents within the desired program areas. Mr. Timothy Adams was formally educated at The University of West Florida where he holds a bachelor’s degree and he takes ongoing training courses through Muskegon Community College. Documentation reflected that Mr. Timothy Adams has received 16 hours of recent instruction in “Adult Foster Care Training” including record keeping, maintaining a cool head in heated situations, business and legal aspects of running a home, fire safety rules and regulations, behavioral health, and building positive relationships in challenging situations.

Administrator T. York Adams successfully administrated another of the applicant’s licensed adult foster care facilities for 10 years where he worked with residents who were aged, physically handicapped, mentally ill, or developmentally disabled. Mr. T. York Adams is a licensed professional counselor and has successfully counseled individuals and consulted with other entities and facilities to promote aging in place, during which Mr. T. Adams developed and shared expertise on helping residents retain functioning and avoid placement in a more restrictive environment. Mr. T. York Adams has continued his training and education through Muskegon Community College where he completes at least 16 hours of training per year. Documentation reflected that Mr. T. York Adams has received 16 hours of recent instruction in “Adult Foster Care Training” including record keeping, maintaining a cool head in heated situations, business and legal aspects of running a home, fire safety rules and regulations, behavioral health, and building positive relationships in challenging situations.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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 1-6).

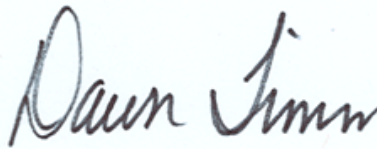


05/09/17

Leslie Barner
Licensing Consultant

Date

Approved By:



05/09/2017

Dawn N. Timm
Area Manager

Date