



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 21, 2017

Lisa Springett
30744 White Oak Dr
Bangor, MI 49013

RE: Application #: AS800386223
Eiraina Adult Foster Care
30744 White Oak Drive
Bangor, MI 49013

Dear Ms. Springett:

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 5 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 "Cathy Cushman".

Cathy Cushman, 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 Application #:	AS800386223
Licensee Name:	Lisa Springett
Licensee Address:	30744 White Oak Dr Bangor, MI 49013
Licensee Telephone #:	(269) 217-9359
Administrator:	Lisa Springett
Licensee:	Lisa Springett
Name of Facility:	Eiraina Adult Foster Care
Facility Address:	30744 White Oak Drive Bangor, MI 49013
Facility Telephone #:	(269) 217-9359
Application Date:	01/03/2017
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/03/2017	On-Line Enrollment
01/06/2017	Contact - Document Sent Rule & Act booklets
01/06/2017	Application Incomplete Letter Sent Rec cl for Lisa (LD & Admin)
01/24/2017	Contact - Document Received Rec cl for Lisa
01/24/2017	PSOR on Address Completed
02/07/2017	Application Incomplete Letter Sent
02/16/2017	Contact - Document Received facility documents, proof of ownership hand delivered by applicant.
06/02/2017	Application Complete/On-site Needed
06/02/2017	Inspection Completed On-site
06/02/2017	Inspection Completed-BCAL Sub. Compliance
06/07/2017	Confirming Letter Sent
06/09/2017	Contact - Document Received Received documentation/pictures from Licensee that she installed a handrail for the staircase in her home therefore achieving compliance.
06/09/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story home located in Arlington Township near the city of Bangor. All of the residents will reside on the main level of the home in three bedrooms, while non-residents will reside on the second level of the home in two bedrooms. All bathrooms are on the main level of the home. Upon entering the home through the back deck and porch area it opens into the dining room. The dining room leads into both the kitchen and living room through two separate doorways. Off the kitchen is a small mudroom area that leads back onto the deck behind the house. The mud room also leads into a hallway, which has a utility room off to the left, bedroom three off to the right, and the home's office at the end of it. On the east side of the home are bedroom's one and two along with a full bathroom in the hallway. Bedroom one also has its own

full-sized bathroom. The home is not wheelchair accessible, but has 2 approved means of egress. The home utilizes public water and sewage. Since there is a second story to the home, the applicant has put in her house guidelines that the second floor of the home belongs to the home provider and residents are asked not to go up there or use the stairs.

The home is heated via electric baseboard heat. The home is built on a crawl space that is not accessible to residents and does not contain any utility service; therefore, floor separation is not required. The water heater is electric, contained on the main level of the home. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. There are smoke alarms in each bedroom, in the front entry way, in the mudroom/hallway, and at the top of the stairs totaling eight alarms in the home. The alarms were tested during on-site and proven to be in good working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14.3' x 14.3'	204.5'	2
2	(11.9' x 10.4') + (.75' x 3.1')	126.1'	1
3	20.4' x 13.2'	269.3'	2

The living, dining, and sitting room areas measure a total of 457.1 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 **five (5)** 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 **five (5)** female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The applicant also intends to provide specialized care to the mentally ill and developmentally disabled populations.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Examples of community events, programs and opportunities to improve social skills include, but are not limited to the following: weekly dinner and worship services on Tuesday evenings at the Bangor Church of Christ, attendance at movies, trips to the South Haven pier to watch boats and eat dinner, pool parties, trips to Dairy Queen, going to the park, shopping, and each spring and summer

they plan an overnight trip, such as visiting Mackinaw, the aquarium in Detroit, and even Disney. The program includes having family meetings to discuss future community events, programs and opportunities.

A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Van Buren County CMH as a referral source.

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.

A criminal history check was conducted and determined that applicant is of good moral character and eligible for employment in a licensed adult foster care facility. The applicant, Lisa Springett, submitted a statement from a physician documenting her good health and current TB-tine negative results. Ms. Springett is also the administrator of Eiraina Adult Foster Care and included documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Ms. Springett has substantial experience providing adult foster care to mentally ill and developmentally disabled adults. She has been the home manager/owner of another adult foster home since 2009 and assisted her mother in the operations of several of her own AFC homes. Ms. Springett obtained her high school diploma in 1985 and then attended one year of college at Great Lakes Christian College before getting married. She has substantial knowledge relating to nutrition, CPR/First Aid, safety and fire prevention, knowledge of the needs of the population to be served, resident rights, and prevention and containment of communicable diseases as evidenced by her training and test records.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff to 5 residents per shift. The applicant acknowledges that the staff member to resident ratio will change to reflect any increase in the level of supervision,

protection, or personal care required by the residents. The applicant has indicated that direct care staff members will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff member 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 acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff members 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 acknowledged 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 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.

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

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 six-month temporary license to this AFC adult small group home with a capacity of **five (5)** residents.

Cathy Cushman

06/21/2017

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

06/21/2017

Dawn N. Timm
Area Manager

Date