



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 29, 2017

April Engman
Engman's Haven House LLC
241 East Breen Ave
Kingsford, MI 49802

RE: Application #: AM220388179
Engman's Haven House
241 East Breen Ave
Kingsford, MI 49802

Dear Ms. Engman:

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 12 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

LicenseApplication #:	AM220388179
Licensee Name:	Engman's Haven House LLC
Licensee Address:	241 East Breen Ave Kingsford, MI 49802
Licensee Telephone #:	(906) 239-0413
Administrator/Licensee Designee:	April Engman, Designee
Name of Facility:	Engman's Haven House
Facility Address:	241 East Breen Ave Kingsford, MI 49802
Facility Telephone #:	(906) 239-0413
Application Date:	05/01/2017
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

03/14/2017	Inspection Completed-Fire Safety : A
05/01/2017	On-Line Enrollment
06/06/2017	Inspection Completed On-site
06/06/2017	Contact - Document Received Limited liability information and designee received.
06/06/2017	Application Complete/On-site Needed
06/06/2017	Inspection Completed-Env. Health : A
06/06/2017	Inspection Completed-BCAL Full Compliance
06/29/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

NOTE: The home is currently licensed as an AFC Home (License #AM220381346 – Licensee: April Engman). Ms. Engman recently obtained a Limited Liability Company, Engman’s Haven LLC (ID# F06454). There is a letter on file requesting withdrawal of the current license when licensure is granted to Engman’s Haven House LLC.

The home is a large, double-story home built in 1994. It is located in the city of Kingsford (Township of Breitung). The property sits in a beautiful, secluded setting, but is in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. The home is being purchased by Nicholas and April Engman from Ms. Elaine Thomas. A copy of the land contract is maintained in the file.

Nick and April Engman live in the home with their three children. The Engman’s private bedroom is located on the second level of the home along with their own private bath. The children occupy the finished basement area (non-resident area) of the home where there are two bedrooms and a private bath.

The double story home has 3162 square feet (not including the basement) and is not handicapped accessible. There are 6 approved bedrooms. The home has a large kitchen and combined area.

There are 2 large living rooms/recreational rooms available for resident use. There are 2 large resident bathrooms all which have shower/tub facilities. There a large outdoor garden area and gazebo available for resident use. The home is very neat, clean and comfortably furnished. The bedrooms have the following dimensions:

Bedroom #1 177 sq. ft. Approved capacity 2
Bedroom #2 229 sq. ft. Approved capacity 2
Bedroom #3 152 sq. ft. Approved capacity 2
Bedroom #4 152 sq. ft. Approved capacity 2
Bedroom #5 161 sq. ft. Approved capacity 2
Bedroom #6 163 sq. ft. Approved capacity 2

The home has the square footage necessary to accommodate up to 12 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home was issued a final fire safety approval on 03/14/2017 by the Bureau of Fire Safety. The home is serviced by municipal water and sewage. A final environmental inspection was completed by the Dickinson/Iron Health Department on 02/19/2016 resulting in an "A" rating. This consultant conducted an environmental inspection on 06/06/2017 and the facility was found in full compliance.

B. Program Description

The facility proposes to serve both male and female adults (18 years and older) that are Aged, Developmentally Disabled, Mentally Ill, Physically Handicapped and/or diagnosed with Traumatic Brain Injury. The admission policy, program statements, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life.

The program statement specifies the home will offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the in-house residence program and community agencies. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. April Engman, the licensee/administrator. Ms. Engman submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

Ms. Engman has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 12-bed facility is adequate and includes a minimum of 2 staff per 12 residents on the awake-shift and 1 staff to 12 residents during the sleep shift.

The licensee acknowledged 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged their 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 the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

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 medium group home (capacity 12).



06/29/2017

Theresa Norton
Licensing Consultant

Date

Approved By:



06/29/2017

Mary E Holton
Area Manager

Date