



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 9, 2017

Candice Counts
Hummingbird Hartland LLC
7146 Wide Valley Dr
Brighton, MI 48116

RE: Application #: AM470387413
Hummingbird Hartland LLC
10868 Hibner Rd
Hartland, MI 48353

Dear Ms. Counts:

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 8 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9724

Enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AM470387413
Licensee Name:	Hummingbird Hartland LLC
Licensee Address:	10868 Hibner Rd Hartland, MI 48353
Licensee Telephone #:	(313) 673-0962
Licensee Designee:	Candice Counts
Name of Facility:	Hummingbird Hartland LLC
Facility Address:	10868 Hibner Rd Hartland, MI 48353
Facility Telephone #:	(313) 673-0962
Application Date:	03/14/2017
Capacity:	8
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

03/14/2017	On-Line Enrollment
03/15/2017	Contact - Document Sent Rule & Act booklets
03/15/2017	Application Incomplete Letter Sent Rec cl for Candace (LD & Admin)
03/16/2017	Inspection Report Requested - Health Inv. #1026749
03/16/2017	Contact - Document Sent Fire Safety String
04/04/2017	Application Incomplete Letter Sent
04/24/2017	Inspection Completed-Fire Safety : A
05/25/2017	Inspection Completed-Env. Health : A
07/14/2017	Application Complete/On-site Needed
07/14/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Hummingbird Hartland, LLC is a newly remodeled, ranch style, single story home. The facility is located in Hartland, Michigan. This area provides numerous choices in medical care, entertainment, shopping, parks, libraries and other community amenities for resident use. This four-bedroom facility contains two full bathrooms. Each bedroom will contain two residents. The facility has a full sized kitchen that will be used to cook all resident meals. Upon entering the facility and walking through the foyer, an individual will observe the living area, dining area and kitchen centrally located. To the right are resident bathrooms and the left contains the administrative, kitchen, laundry and dining

areas. The facility furnishings are comfortable. There is one dining table where residents can participate in crafts and eat at meal times. The facility has well-lit exit signs for resident safety.

The facility does not have a basement. All exits and entrances to the facility are at grade and the door widths accommodate wheelchair users. The facility contains a private water and private sewage disposal system that was inspected by the Livingston County Health Department on 05/25/2017. The facility was determined to be in substantial compliance with all applicable rules.

There is one furnace and one water heater in the facility powered by natural gas and is centrally located in the facility. The furnace and water heater are in a room with separation created by a fire-rated metal door that is equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery backup that was installed by a licensed electrician, is operational, and is fully sprinkled. The facility has been determined by the Bureau of Fire Services to comply with the applicable fire safety administrative rules. The facility was inspected and determined to be in compliance on 04/24/2017.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Room #1	11 by 14	154	2
Room #2	10 by 14	140	2
Room #3	11 by 14	154	2
Room #4	11 by 14	154	2

The indoor living and dining areas measure a total of 368 ($23 \times 16 = 368$) square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The facility has a separate family room that measures a total of 192 square feet that will allow Residents to spend recreational and private family time if needed.

Based on the above information, this facility can accommodate (8) eight. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This home can accommodate wheelchairs.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to (8) eight male and/or female residents ages 55 to 99 years are aged, have Alzheimers, who are physically handicapped or have a Traumatic Brain Injury. The overall

philosophy of the facility is to make residents' lives as fulfilling as possible by meeting physical, social, emotional, and spiritual needs, while ensuring safety and providing a comfortable, warm atmosphere. The corporate values of the facility are to provide personal empowerment, individualized care and community integration services to all residents. The applicant intends to utilize the resident health care appraisal, interview and observation of the resident prior to admission, and information from the referring agency or family to determine if the facility is appropriate to meet the residents' needs.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. The facility has a tool to assess the needs of each resident and establish a plan of care. The assessment form is completed by the facility administrator with the assistance of the residents' family member or responsible party. The assessment tool enables the facility to assess the level of care needed in several areas, including bathing, grooming, elimination, bowel, orientation, oral care, vision/hearing, speech, mobility, transfer needs, diet, feeding, and special equipment or other needs. All interventions will be implemented only by staff trained in the intervention techniques.

Residents will be engaged in a home like family setting, participate in daily activities designed specifically for their needs. Memory games, word puzzles, and targeted conversation will be used to help residents remain engaged in daily living. Residents will be able to participate in physical activities daily.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications:

The applicant is Hummingbird Hartland, LLC, LLC a "Domestic Limited Liability Company", established in Michigan on 11/08/2007. The Resident Agent is Hope Lovell. 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.

Candace Counts as has been named Resident Agent and Licensee Designee of Hummingbird Hartland, LLC. Ms. Counts has submitted documentation appointing Candace Counts Licensee Designee and Marci Vilella as administrator for this facility.

A criminal history background check of the Licensee Designee was completed and Ms. Counts was determined to be of good moral character to provide licensed adult foster care. Ms. Counts submitted statements from a physician documenting good health and current negative tuberculosis test results.

Ms. Counts has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Counts currently operates one licensed AFC group home and is a licensed registered nurse in the state of Michigan. Ms. Counts currently provides care to men and women who are aged and who have numerous other physical health diagnoses including Alzheimer's disease and/or various stages of dementia. Ms. Counts strongly believes in helping residents maintain independence and continue to pursue and develop interests.

The staffing pattern for the original license of this eight-bed facility is adequate and includes a minimum of one staff for eight 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 and also due to the arrangement of the physical setting.

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 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 acknowledge 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 residents' 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.

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 six-month temporary license to this adult foster care group home with a capacity of eight (8) residents.



08/04/17

Dawn Campbell
Licensing Consultant

Date

Approved By:



08/08/17

Ardra Hunter
Area Manager

Date