



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 7, 2017

Anthony Fitzgerald
Tustin House LLC
P.O. Box 354
Tustin, MI 49688

RE: Application #: AM670385274
Tustin House LLC
17544 20 Mile Rd
Tustin, MI 49688

Dear Mr. Fitzgerald:

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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

Enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AM670385274 |
| Applicant Name: | Tustin House LLC |
| Applicant Address: | 17544 20 Mile Road Tustin, MI 49688 |
| Applicant Telephone #: | (231) 429-4941 |
| Administrator/Licensee Designee: | Anthony Fitzgerald |
| Name of Facility: | Tustin House LLC |
| Facility Address: | 17544 20 Mile Rd Tustin, MI 49688 |
| Facility Telephone #: | (231) 429-4941 |
| Application Date: | 09/09/2016 |
| Capacity: | 12 |
| Program Type: | AGED DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|---|
| 09/09/2016 | Enrollment |
| 09/09/2016 | Application Incomplete Letter Sent |
| 10/24/2016 | Inspection Completed-Env. Health : A |
| 03/03/2017 | Contact - Telephone call received Sprinkler and alarm system have been approved, per licensee. Awaiting final BFS inspection and paperwork. |
| 07/07/2017 | Contact - Telephone call received Applicant reported that BFS inspector Mongar told him he had BFS approval. Ready for final inspection. |
| 07/12/2017 | Inspection Completed-Fire Safety: A |
| 07/13/2017 | Inspection Completed On-site |
| 07/19/2017 | Contact – Document Received BFS Inspection Report giving final approval. |
| 08/22/2017 | Contact – Document Received Medical Clearance |
| 08/22/2017 | Inspection Completed – Full Compliance |
| 09/07/2017 | Contact – Document Received Written designation of Administrator |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Tustin House, LLC Adult Foster Care home is a large two story colonial located in the quiet countryside of rural northern Osceola County. The home has been previously licensed as a small group AFC home for six residents, and the facility's capacity will be increased by the current application. The home is surrounded by open fields and woodlots. Abundant wildlife can be seen from the large wrap-around covered porch of this newly remodeled home. The home has six resident bedrooms; three of the bedrooms (1-3) are located on the first floor and three bedrooms (4-6) are located on the second floor. One full bath is located on the first floor with an additional full bath attached to one of the first floor bedrooms. Another full bath is located on the second level of the home. An office is also located on the second level. A large living space is

located on both the first and the second floors, with an additional small private sitting area on the second level. The home has a large dining area and fully equipped kitchen on the first level. At this time the home is not equipped to accommodate those residents that are wheelchair dependent.

Tustin House is 15 miles from Cadillac, Michigan, where shopping, medical, and recreational services are available. The property is owned by TD Fitzgerald, LLC, which has leased the property to Tustin House, LLC.

The furnace and hot water heater 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 located at top of stairs. 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. The facility is equipped with a fire alarm system as well as a fire suppression (“sprinkler”) system. The facility received full approval from the Bureau of Fire Services at their inspection on 7/12/17.

On October 24, 2016, the home was inspected by the sanitarian from the District 10 Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------------------------|-----------------|----------------------|---------------------|
| 1: 1 st floor SW | 14’X11’9” | 165 | 2 |
| 2: 1 st floor W | 12’X15’ | 180 | 2 |
| 3: 1 st floor NW | 18’X15’6 | 279 | 2 |
| 4: 2 nd floor SW | 12’X13’8” | 164 | 2 |
| 5: 2 nd floor NW | 11’4”X13’10” | 157 | 2 |
| 6: 2 nd floor NE | 11’6”X15’ | 172 | 2 |

The living, dining, and sitting room areas measure a total of 733 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate twelve (12) 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 **twelve (12)** male or female ambulatory adults who are aged or diagnosed with developmental

disability or mental illness, 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.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Programs for the aged residents will include recreational activities, community interaction, health and fitness. Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the residents person centered plan.

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 is Tustin House, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on October 18, 2013. 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 Board of Directors of Tustin House, L.L.C. has submitted documentation appointing Anthony Fitzgerald as Licensee Designee and Administrator for this facility.

A criminal history background check was conducted for the Mr. Fitzgerald and he has been determined to be of good moral character. The licensee designee has submitted a statement from a physician documenting his good health and current negative TB-tine results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. According to documentation submitted, Mr. Fitzgerald is a high school graduate and completed training as a direct care worker in March 2014. Mr. Fitzgerald has worked with the populations of this home since it was opened as a small group home (AS670355876) in April 2014. Mr. Fitzgerald also has business experience as a member of the licensee LLC.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of one staff member to twelve residents per shift. All staff shall 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 facilities 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 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 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 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 licensee, 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 applicable administrative rules at the time of licensure. 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 group home (capacity 1 - 12).

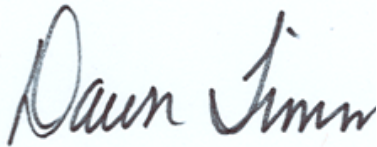


Diane L Stier
Licensing Consultant

September 7, 2017

Date

Approved By:



09/07/2017

Dawn N. Timm
Area Manager

Date