



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 16, 2017

Renaë Clark
Community Living Support Services, LLC
PO Box 5
Albion, MI 49224

RE: Application #: AS130388889
C Court AFC
906 Cram Court
Albion, MI 49224

Dear Mrs. Clark:

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 cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 243-6063

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS130388889
Licensee Name:	Community Living Support Services, LLC
Licensee Address:	PO Box 5 Albion, MI 49224
Licensee Telephone #:	(517) 554-8788
Administrator:	Renae Clark
Licensee Designee:	Renae Clark
Name of Facility:	C Court AFC
Facility Address:	906 Cram Court Albion, MI 49224
Facility Telephone #:	(517) 554-8788 06/13/2017
Application Date:	
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

06/13/2017 On-Line Enrollment

06/13/2017 SC-Application Received - Original

06/15/2017 Contact - Document Sent
Rule & ACT Books

07/12/2017 Contact - Document Received
1326 for Renae Clark

07/13/2017 File Transferred To Field Office
Lans/Kzoo

08/09/2017 Application Incomplete Letter Sent

09/07/2017 Contact - Telephone call made
Left voice mail for Renee Clark regarding original application.

09/14/2017 Contact - Document Received
Email exchange with enrollee, Renae Clark, regarding pending application.

09/22/2017 Contact - Telephone call made
Spoke to Renae Clark via phone.

09/27/2017 Contact - Document Received
Spoke to Renae Clark via phone.

09/27/2017 Application Incomplete Letter Sent
Reviewed additional documents received and sent a modified Application Incomplete Letter to Renae Clark via email.

09/28/2017 Contact - Document Received
Documents received electronically as requested per Application Incomplete Letter.

10/05/2017	Contact - Document Sent Email communication Renae Clark regarding documents received.
10/05/2017	Application Complete/On-site Needed Emailed Renae Clark, requesting a date and time to complete onsite inspection.
10/18/2017	Inspection Completed On-site
10/18/2017	Inspection Completed-BCAL Full Compliance
10/27/2017	SC-Recommend DD
10/27/2017	SC-Recommend MI

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one story ranch-style home located within the city limits of Albion, MI. There are three bedrooms in the home, all designated for resident use, and all located on the main floor of the home. There are two full bathrooms in the home, both designated for resident use. Both bathrooms are located on the main floor of the home, within close proximity to the resident bedrooms. The home is also equipped with a great room, living room, dining room, kitchen, and laundry room. The home is not wheelchair accessible. The home utilizes a public water supply and public sewage disposal system.

The electric furnace and hot water heater are located in the basement of the home. There is a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware that separates the basement from the rest of the home.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' 3" X 12' 10"	156	2
2	13' 5" X 6' 7" X 9' 11" X 4'	114	1
3	13' 2" X 11' 3"	143	2

The indoor living and dining areas measure a total of 556 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate five (5) 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 5 (male and/or female) residents who are mentally ill or developmentally disabled. The program will include teaching and supervising basic medication administration and health maintenance, meal planning and preparation, ADL skills training, money management, personal shopping, and social and recreational opportunities. Transportation, training and supervision is provided as needed when in the community for community events such as attending church or religious services, movie theatre, concerts, parades, community events, places of employment or volunteer programs. All services are provided using the least amount of assistance necessary for an individual's success.

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 at churches or religious events, movie theatres, concerts, and community events. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Community Living Support Services, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 3/3/2015. 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 Community Living Support Services, L.L.C. have submitted documentation appointing Renae Clark as licensee designee for this facility and Renae Clark as the administrator of the facility.

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

The applicant/administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant, Renae Clark, holds a Bachelor Degree in Social Work from Spring Arbor University. Mrs. Clark has worked directly with residents who are mentally ill or developmentally disabled for the past 26 years, including working as an Administrative Consultant for the last three years. Mrs. Clark is currently the Administrator for the Monroe AFC and Linden Ave AFC facilities located in Michigan. Mrs. Clark stated that due to this experience, she is skilled in resident care including medication administration, transfer techniques, behavior management, feeding, toileting, bathing and assisting with daily living, responding to dietary needs, understanding and providing care according to the care plan, family and person-centered treatment planning, conflict resolution, healthy communication, crisis intervention, and effectively communicating with people who are mentally ill or developmentally delayed.

The staffing pattern for the original license of this five bed facility is adequate and includes a minimum of one staff for five 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 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 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 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 with a capacity of five residents.




11/13/2017

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:



11/16/2017

Dawn N. Timm
Area Manager

Date