



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 21, 2017

Tacy Johnson  
A Place On The Hill, LLC  
09020 Upper Bay Shore Rd  
Charlevoix, MI 49720

RE: Application #: AS150389552  
A Place On The Hill  
09020 Upper Bay Shore Rd.  
Charlevoix, MI 49720

Dear Ms. Johnson:

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 6 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Marcia S. Elowsky".

Marcia S. Elowsky, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4924

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS150389552
<b>Licensee Name:</b>	A Place On The Hill, LLC
<b>Licensee Address:</b>	09020 Upper Bay Shore Rd Charlevoix, MI 49720
<b>Licensee Telephone #:</b>	(989) 717-1222
<b>Administrator/Licensee Designee:</b>	Tacy Johnson
<b>Name of Facility:</b>	A Place On The Hill
<b>Facility Address:</b>	09020 Upper Bay Shore Rd Charlevoix, MI 49720
<b>Facility Telephone #:</b>	(989) 717-1222
<b>Application Date:</b>	07/25/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODOLOGY

07/25/2017	On-Line Enrollment
07/26/2017	Contact - Document Sent
07/26/2017	Application Incomplete Letter Sent
08/21/2017	Inspection Completed-Env. Health: A
12/15/2017	Application Complete/On-site Needed
12/20/2017	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a bi-level home located in a rural area, approximately seven miles northeast of Charlevoix, near US-31. The main level of the facility consist of a living room, family room, kitchen/dining area, six resident bedrooms, one non-resident bedroom and three full bathrooms. There are three decks located on the sides of the facility. The lower level is the private living quarters of the licensee designee.

The furnace and hot water heater are located on the lower level in a room that is constructed of material that has a 1-hour-fire-resistance rating, with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware.

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

On August 21, 2017, the home was inspected by the Health Department of Northwest Michigan who determined that the home is in substantial compliance with applicable rules pertaining to 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	12' 6" x 12' 5"	155	1
2	12' 6" x 11'	137	1
3	12' 6" x 10'	125	1
4	12' x 10' 9"	129	1
5	12' x 10' 7"	127	1
6	11' 10" 9' 1" 7' 8" x 2'	122	1

The living room, family room and dining areas measure a total of 867 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 six 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 six male or female adults who are aged or physically handicapped, in the least restrictive environment possible.

Programs for the aged residents will include activities of daily living, personal adjustment, social interaction, health, fitness, recreational activities and community interaction.

Programs for the Physically Handicapped will include will include the above programs and physical and occupational therapy as prescribed and assistance with activities of daily living.

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 for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. 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, shopping centers, churches, restaurants, local parks and community events.

## **C. Applicant and Administrator Qualifications**

The applicant is A Place On The Hill, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 07/28/17. 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 Managers of, A Place On The Hill L.L.C. has submitted documentation appointing Tacy Johnson as Licensee Designee and Administrator for this facility.

A criminal history background check was conducted for Tacy Johnson and she has been determined to be of good moral character. Tacy Johnson submitted a statement from a physician documenting her 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.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six residents per shift. Staff will be allowed to sleep during sleeping hours.

The applicant acknowledges an understanding of the training suitability 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](http://www.miltcpartnership.org)), and the related documents required to be maintained in each employee's 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 good moral character, medical and training 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 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, 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

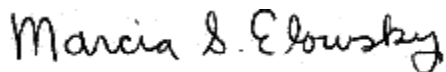
The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident in order to document the date and 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.

#### **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 temporary license to this AFC adult small group home (capacity 6).



12/21/2017

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Marcia S. Elowsky  
Licensing Consultant

Date

Approved By:



12/21/2017

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Jerry Hendrick  
Area Manager

Date

