



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 1, 2017

Daniel Story
7295 Milan Dr
Portage, MI 49024

RE: Application #: AS780388024
Care N Assist AFC
1595 Parmenter Rd
Corunna, MI 48817

Dear Daniel Story:

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 (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



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

I. IDENTIFYING INFORMATION

License Application #: AS780388024

Licensee Designee Name: Daniel Story

Licensee Address: 7295 Milan Dr
Portage, MI 49024

Licensee Telephone #: (269) 598-9327

Administrator: Stacey Zsigo

Name of Facility: Care N Assist AFC

Facility Address: 1595 Parmenter Rd
Corunna, MI 48817

Facility Telephone #: (269) 598-9327
04/21/2017

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL



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II. METHODOLOGY

04/21/2017	On-Line Enrollment
04/24/2017	Inspection Report Requested - Health Inv. #1026873
04/24/2017	Contact - Document Sent Rule & Act booklets
04/24/2017	Application Incomplete Letter Sent App; rec cl, FP's, Livescan request for Daniel; rec cl for Stacey (Admin)
05/11/2017	Contact - Document Received App; rec cl's for Daniel & Stacey
05/18/2017	Contact - Document Received Livescan requests for Dan (LD) & Stacey (Admin)
06/01/2017	Inspection Completed-Env. Health : A
06/12/2017	Contact - Document Sent Emailed a list of documents that were needed including policies and procedures.
09/07/2017	Contact - Telephone call received Spoke to Mr. Story.
09/23/2017	Contact - Document Received Email from Mr. Story stating that renovations of the home will be complete in approximately one week. He will call me directly to schedule the onsite once renovations are complete.
10/06/2017	Contact - Document Received Received an email from Mr. Story stating that he is ready to schedule the onsite for next week.
10/09/2017	Application Incomplete Letter Sent Reviewed all additional documents received and sent out follow-up Application Incomplete Letter to Mr. Story via email.



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10/12/2017	Application Complete/On-site Needed Received email from Mr. Story stating that facility renovations are complete and he is now ready to schedule the onsite.
10/17/2017	Inspection Completed On-site
10/20/2017	Contact - Document Received Received email of necessary modifications completed following onsite inspection.
11/01/2017	Contact - Document Received Received completed Medical clearance for member of household and medical/TB tests.
11/01/2017	Inspection Completed-BCAL Full Compliance- All documents received

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one story ranch-style home located within the city limits of Corunna, MI. There are five 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 living room, dining room, kitchen, and laundry room. The home is wheelchair accessible. The home utilizes a private water supply and sewage disposal system. On 6/1/2017, the Shiawassee County Health Department completed an inspection of the physical plant and issued an A rating specific to the private water supply and private sewage disposal systems.

The electric furnace and hot water heater are located in the basement of the home. There is a 1-3/4 inch solid wood 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.



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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 11" x 11' 2"	121	1
2	12' 8" x 10' 9"	120	1
3	16' 7" x 11' 4"	176	2
4	13' 8" x 9' 8"	117	1
5	13' 8" x 9' 10"	117	1

The indoor living and dining areas measure a total of 650 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 6 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 six (6) male and/or female residents who are 26 years of age or older, with a diagnosis of mental illness and/or developmental disability requiring assistance with daily activities. The program will provide personal care, homemaking, and recreational activities that will maintain or improve the physical, intellectual, and emotional well-being of each resident. 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. Each residents behavioral plan will be individualized and address their welfare, safety, and rights.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local church bible studies, shopping trips, exercise classes, craft activities, as well as local senior center activities. 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 Care N' Assist, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 3/23/2006. The applicant submitted a financial statement



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and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The sole member of Community Living Support Services, L.L.C. has submitted documentation appointing himself, Daniel Story, as licensee designee for this facility and Stacey Zsigo as the administrator of the facility. Leslie Bancroft is a household member that resides in a separate part of the home, with a private entrance and exit door not accessible by residents and not connected to the main home where residents will be residing.

Criminal history background checks of the applicant/administrator and household member, Leslie Bancroft, were completed and they are determined to be of good moral character to provide licensed adult foster care and/or reside in the home. The applicant/administrator and household member submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant, Daniel Story, is a registered nurse and has been providing direct care to individuals within the health care field since 2003. Mr. Story 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 administrator, Stacey Zsigo, has provided documentation to satisfy the qualifications and training requirements. Ms. Zsigo is a registered nurse and has over twenty years of experience working within the healthcare field as both an administrator and in the capacity of providing direct resident care. Ms. Zsigo 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 6 bed facility is adequate and includes a minimum of 1 staff for 6 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



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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.



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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.



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III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of six (6) residents.

11/14/2017

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

12/01/2017

Dawn N. Timm
Area Manager

Date