



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 29, 2018

Rashalle Austin
Unity Group V, LLC
163 N. Fiske Road
Coldwater, MI 49036

RE: Application #: AS120385673
Unity Group V, LLC
69 Wood Drive
Coldwater, MI 49036

Dear Ms. Austin:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 4 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 "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License Application #: AS120385673

Applicant Name: Unity Group V, LLC

Applicant Address: 163 N. Fiske Road
Coldwater, MI 49036

Applicant Telephone #:

Administrator/Licensee Designee: Rashalle Austin, Designee

Name of Facility: Unity Group V, LLC

Facility Address: 69 Wood Drive
Coldwater, MI 49036

Facility Telephone #: (517) 924-1461

Application Date: 11/17/2016

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/17/2016	Enrollment
11/28/2016	Contact - Document Sent Rule & Act booklets
11/28/2016	Application Incomplete Letter Sent Rec cl's for Rashalle & Amy
12/05/2016	Contact - Document Received Rec cl for Rashalle (LD) & Amy (Admin)
12/16/2016	Application Incomplete Letter Sent
10/12/2017	Inspection Completed On-site
10/12/2017	Inspection Completed-BCAL Sub. Compliance
01/23/2018	Application Complete/On-site Needed
01/23/2018	Corrective Action Plan Received
01/23/2018	Inspection Completed On-site
01/26/2018	Corrective Action Plan Approved
01/26/2018	PSOR on Address Completed
01/26/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This investigation included a review of the application, forms, and supporting documents including but not limited to the following; corporate documents, property ownership and lease, organizational charts, processed licensing record and medical clearance, applicant financial reports, multiple agency policy and procedures, admission, discharge, refund policies, program statement, personnel policies and procedures, job descriptions, routine and emergency numbers, written emergency plan and emergency repair numbers, and on-site licensing inspections.

A. Physical Description of Facility

The facility is located in a residential neighborhood, in the Township of Coldwater, County of Branch. This ranch style home was built in 1991; it does not have a basement. The home has an attached two car garage and a gravel driveway. This

home is not wheelchair accessible. The front door (south entrance) will be the primary entrance for the residents. This entrance is equipped with a step and handrail. The second identified exit and means of egress is located off the back of the facility (north side).

The main entrance opens to the living room, and to the left is Bedroom #1 and a full bathroom. This bathroom will only be utilized by the residents occupying that room. There is a hallway, which leads to the laundry room. The laundry room contains the furnace, electric hot water heater, and electrical panel. The heating system has been recently inspected and is in good operating condition. A copy of the approved inspection report is contained within the licensing file. The door leading from the hallway into the laundry room is equipped with positive latching, non-locking against egress hardware. The second door in the laundry room leads to the garage, a narrow walkway, then another door, leading to the outside.

From the main entrance and living room to the right are the kitchen and dining room, Bedroom #2 and Bedroom #3 and a full bathroom.

The facility utilizes a public water supply and sewage disposal system.

The facility is equipped with an interconnected, hardwired smoke detection system and is in good operating condition. Smoke detectors are located in the required areas of the home. The smoke detection system was inspected and is in working order. The electrical systems have been inspected, are in good working condition, and approved by an electrical inspector.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1	12'9" x 13'4"	170	2
2	13'2" x 9'7"	126	1
3	8'10" x 13'1"	115	1

The indoor living and living areas measure a total of 560 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 4 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 4 (male/female) ambulatory adults, who are 18 years of age or older, whose diagnosis is developmentally or physically disabled, mentally impaired or traumatically brain injured.

According to the program statement, Unity Group V intends to provide services “according to individual treatment plans with dignity and respect. All individuals are treated as a person first. All direct care staff are trained and competent in all areas as required by the AFC licensing rules and contracting agency requirements.”

The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, managing and dispensing prescribed medications, general housekeeping, incorporating skill building and community inclusion. Unity Group V intends to provide the least restrictive environment possible that will maximize the social and psychological growth of its residents. The applicant intends to accept individuals with supplemental security income. The applicant intends to accept residents from various community mental health agencies as a referral source. 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.

The licensee will provide transportation for program and medical needs, as agreed upon in the Resident Care Agreement. The facility will also have an activities calendar available in the home and some of the activities include puzzles, games, music, crafts, exercise and opportunities for leisure time. In addition to the above program elements, the applicant intends to utilize local community resources such as libraries, shopping centers, swimming pools, movies and local parks.

C. Applicant and Administrator Qualifications

The applicant is Unity Group V, L.L.C., and is a “Domestic Limited Liability Company” which was formed on November 14, 2016. A review of this L.L.C. on the State of Michigan Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status and that Rashalle Austin is the Resident Agent. 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. Ms. Rashalle Austin is the sole managing member of this L.L.C. and she has stated in writing the appointment of herself as the licensee designee and the administrator for the facility.

A criminal background check of Ms. Rashalle Austin was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Austin has submitted a statement from her physician documenting her good health and current negative tuberculosis test results.

Ms. Austin has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has also been trained in First Aid and CPR and provided certification of completion. Ms. Austin is

currently the Licensee Designee of 4 other AFC open facilities, she has many years' experience working and being involved in adult foster care.

The staffing pattern for the original license of the 4 bed facility is adequate and includes a minimum of 1 staff for 4 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 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 facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 acknowledge 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,

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 valuable 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 temporary license to this AFC adult small group home (capacity 1-4).

Mahtina Rubritius

01/26/2018

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

01/29/2018

Ardra Hunter
Area Manager

Date