



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 30, 2017

Amador Casimiro, Jr.
Casimiro Enterprise LLC
4613 34th Street
Zeeland, MI 49464

RE: Application #:	AS320388705 Home Sweet Home Manor 1 95 Brush St. Pigeon, MI 48755
--------------------	--

Dear Mr. Casimiro, Jr.:

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 (810) 787-7031.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS320388705
Applicant Name:	Casimiro Enterprise LLC
Applicant Address:	4613 34th Street Zeeland, MI 49464
Applicant Telephone #:	(616) 212-3054
Licensee Designee:	Amador Casimiro, Jr.
Administrator:	Vicki Casimiro
Name of Facility:	Home Sweet Home Manor 1
Facility Address:	95 Brush St. Pigeon, MI 48755
Facility Telephone #:	(989) 453-2620
Application Date:	05/24/2017
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODOLOGY

05/24/2017	Enrollment
06/02/2017	Application Incomplete Letter Sent Fp's and 1326 for Amador Casimiro
06/02/2017	Contact - Document Sent Rule and Act booklets
07/24/2017	Contact - Document Received 1326 Amador & Vickie & RI-030 form Amador
07/24/2017	Application Complete/On-site Needed
07/24/2017	File Transferred To Field Office Saginaw
08/22/2017	Application Incomplete Letter Sent
08/23/2017	Inspection Completed On-site
10/06/2017	Inspection Completed On-site
10/30/2017	Inspection Completed-BCAL Full Compliance
10/30/2017	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Home Sweet Home Manor 1 is a single family home located at 95 Brush Street Pigeon, MI 48755. The home is located in the rural village of Pigeon, in Huron County. Home Sweet Home Manor 1 is a two story wood frame structure with a full basement. It is situated about two blocks south of the main thoroughfare of the village and is easily accessible to shopping and recreational activities located within the village.

The home has been in ongoing operation as a licensed adult foster care home under a different corporate ownership.

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 the top of the stairs. The furnace was inspected on 08/25/2017, and was determined to be fully operational. 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 home is equipped to accommodate residents that utilize wheelchairs.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 South	11ft. 5in. x 13ft – 4ft. 6 in. x 3ft.	134.9	2
2 East	10ft. x 12ft.	120	1
3 Upstairs South East	12ft. 8 in. x 10ft. 4in.	130.9	1
4 Upstairs East	12 ft. 6.5in. x 10 ft. 5 in.	130.6	1
5 Upstairs North West	10 ft. 9 in. x 11ft. 6in.	123.6	1

The living, dining, and sitting room areas measure a total of 316.2 square feet of living space. There are two full baths and one half bathroom in this facility. 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 (6) 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 (6) male or female adults whose diagnosis is developmentally disabled, aged, Alzheimer's, and physically handicapped, 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. Residents will be referred from the community including nursing home and hospitals.

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 Casimiro Enterprise, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 07/27/2011. 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.

Amador Casimiro has submitted documentation appointing himself as Licensee Designee for this facility and Vicki Casimiro as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 6 bed facility is adequate and includes a minimum of 1 staff -to- 6 residents per shift. All staff shall be awake during sleeping hours.

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.

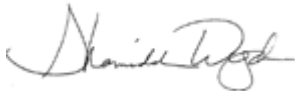
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1-6).

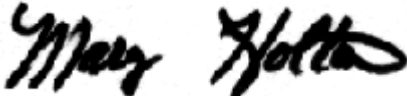


10/30/2017

Shamidah Wyden
Licensing Consultant

Date

Approved By:



10/31/2017

Mary E Holton
Area Manager

Date