



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 17, 2018

Charlotte Dietz
486 South Oliver Street
Alpena, MI 49707

RE: Application #: AM040391470
Touch of Country
486 South Oliver Street
Alpena, MI 49707

Dear Charlotte Dietz:

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 9 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) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM040391470
Licensee Name:	Charlotte Dietz
Licensee Address:	3510 M 65 North LACHINE, MI 49753
Licensee Telephone #:	(989) 255-1728
Administrator/Licensee Designee:	Charlotte Dietz
Name of Facility:	Touch of Country
Facility Address:	486 South Oliver Street Alpena, MI 49707
Facility Telephone #:	(989) 255-1728
Application Date:	11/24/2017
Capacity:	9
Program Type:	AGED

II. METHODOLOGY

11/24/2017	On-Line Enrollment
11/24/2017	On-Line Application Incomplete Letter Sent
11/27/2017	PSOR on Address Completed
11/27/2017	Contact - Document Sent act & rule books
11/27/2017	Inspection Report Requested - Fire
11/28/2017	Contact - Document Sent Fire Safety String
11/28/2017	File Transferred To Field Office file sent to Gaylord office
01/18/2018	Contact - Telephone call received
03/12/2018	Plan Review Received BFS2018-000718-final-New license
06/25/2018	Inspection Completed-Fire Safety : A
06/28/2018	Application Complete/On-site Needed
06/28/2018	Inspection Completed On-site
07/16/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Touch of Country is a one-story home with yellow siding located on the corner of Oliver and Grant St. in the City of Alpena. The facility previously operated as a 6-bed small group home and increased capacity to 9 residents after the installation of a sprinkler system. The facility entrance leads in the dining area and living room near the kitchen. The facility has six resident bedrooms, a lounge and storage room. Bedrooms 1, 3, and 4 have private ½ bathrooms. There are two full bathrooms available for all resident's use. The utilizes public water and sewer. The home is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor access.

The gas furnace and hot water heater are located on the main floor off the laundry room 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. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 06/25/2018 the home was inspected by the Bureau of Fire Services. An “Approved” fire safety certification was recommended for the conversion to a medium group home.

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’X10’	120	1
2	10’X16’	160	2
3	12’9”X13’9”	175	1
4	11’X12’6”	137.5	1
5	14’X13’	182	2
6	19’6”X10’	196	2

The living, dining, and sitting room areas measure a total of 753 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 **9** 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 **9** male or female ambulatory or non-ambulatory adults who are aged in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

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 including libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their 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 9-bed facility is adequate and includes a minimum of 1 staff - to - 9 residents per shift during awake hours and 1 staff - to - 9 residents during sleeping hours. All staff shall 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 facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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), and the related documents required to be maintained in each employee 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 resident's personal money transactions that have been agreed to be managed by the applicant.

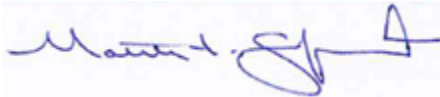
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 medium group home (capacity 9).



7/17/2018

Matthew Soderquist
Licensing Consultant

Date

Approved By:



7/17/2018

Jerry Hendrick
Area Manager

Date