



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 23, 2018

Laura Hatfield-Smith
ResCare Premier, Inc.
Suite 1A
6185 Tittabawassee
Saginaw, MI 48603

RE: Application #:	AS440393071 ResCare Premier Farnsworth 1670 Woodbine Drive Lapeer, MI 48446
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Dear Ms. Hatfield-Smith:

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 5 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,

Susan Sells, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS440393071
Applicant Name:	ResCare Premier, Inc.
Applicant Address:	9901 Linn Station Road Louisville, KY 40223
Applicant Telephone #:	(989) 791-7174
Administrator/Licensee Designee:	Laura Hatfield-Smith, Licensee Designee Laura Hatfield-Smith, Administrator
Name of Facility:	ResCare Premier Farnsworth
Facility Address:	1670 Woodbine Drive Lapeer, MI 48446
Facility Telephone #:	(989) 791-7174
Application Date:	03/07/2018
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/07/2018	Enrollment
03/15/2018	Contact - Document Received 1326 for admi/applicant
03/15/2018	Inspection Report Requested - Health Invoice No : 1028082
03/15/2018	Contact - Document Sent rule and act books
03/15/2018	File Transferred To Field Office Flint
04/02/2018	Application Incomplete Letter Sent
04/25/2018	Inspection Completed-Env. Health : A
05/10/2018	Inspection Completed On-site
05/10/2018	Inspection Completed-BCAL Full Compliance
05/23/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

ResCare Premier Farnsworth is located at 1670 Woodbine Drive in the Township of Lapeer. The property and facility are owned by Katherene R. Stefanski and is being leased by ResCare Premier, Inc. for three years with the option of renewing the lease for five, three-year terms. The facility is a ranch style home in a residential area. There is a crawl space and no basement. The facility contains four bedrooms and two full bathrooms. The first bathroom is located off the dining room and contains a walk-in shower. The second bathroom is located off the hallway. Both bathrooms have the required safety bars in the shower areas as well as positive-latching, non-locking-against-egress hardware.

This facility has a full kitchen, dining room, living room, sitting room, laundry room, medication room, staff office and a covered patio off the rear of the facility. The sitting room has walls constructed of 1-inch solid knotty pine and will serve as a multipurpose room for training, recreation, and social activities. The dining room provides available seating for all residents.

There are three separate, independent means of egress that provide free and unobstructed egress leading to the outside of the facility. Another exit leads to the garage. This facility is wheelchair accessible with wheelchair ramps off the front and the rear of the facility. The medication room is a locked room off the hallway between the sitting room and the South bedroom.

The facility has central air conditioning, is powered by electric heat and has an electric hot water heater—there is no flame-producing equipment inside the facility. The hot water heater is located in the laundry room of the facility and is equipped with a door which has an automatic self-closing device and positive latching hardware. On 5/09/18, the hot water heater and all 11 electric room heaters were inspected by Don Johnson Electric and were deemed fully operational. The facility is equipped with an interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
North West	8' 11" x 10'1"	90	1
East	12'9" x 9'10"	125	1
South East	12'9" x 12'8"	162	2
South	4'2" x 5'4" + 11'5" x 11'0"	148	1

The living, dining, and sitting room areas measure a total of 757 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 **five (5)** 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 **five (5)** male or female ambulatory adults whose diagnosis is physically handicapped, developmentally disabled or mentally impaired, in the least restrictive environment possible. The primary focus of this facility is to provide services to individuals whose diagnosis is autism. 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 county mental health agencies.

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 provisions 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 ResCare Premier, Inc., which is a "For Profit Corporation" established in Michigan on 11/18/03. 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 Board of Directors of ResCare Premier, Inc. has submitted documentation appointing Laura Hatfield-Smith as Licensee Designee and Administrator of the facility. A licensing record clearance request was completed with no convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. The licensee designee/administrator 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 5-bed facility is adequate and includes a minimum of 2 or 3-staff-to-5 residents per shift during daytime hours and 1 or 2-staff-to-5 residents per shift during nighttime hours depending on the needs of the residents. 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 Identogo website (www.identogo.com), by MorphoTrust USA 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 her 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 her 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 her 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 her 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 her 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 her 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 her 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 and special certification to this AFC adult small group home with a capacity of 5.



May 23, 2018

Susan Sells Licensing Consultant	Date
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Approved By:



May 23, 2018

Mary E Holton Area Manager	Date
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