



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 8, 2018

Deborah Russell
3250 N. Banner Rd.
Sandusky, MI 48471

RE: Application #: AS760393809
A Place Of Grace
110 N. Elk Street
Sandusky, MI 48471

Dear Ms. Russell:

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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS760393809
Licensee Name:	Deborah Russell
Licensee Address:	110 N. Elk Street SANDUSKY, MI 48471
Licensee Telephone #:	(810) 710-7076
Administrator/Licensee Designee:	Deborah Russell
Name of Facility:	A Place Of Grace
Facility Address:	110 N. Elk Street Sandusky, MI 48471
Facility Telephone #:	(810) 648-4846
Application Date:	04/25/2018
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

04/25/2018	On-Line Enrollment
04/26/2018	PSOR on Address Completed
04/26/2018	Contact - Document Sent rule and act books
05/03/2018	Contact - Document Received 1326
05/03/2018	Contact - Telephone call made Deborah is sending in updated application and additional \$40.00 she meant to apply for a small group AFC
05/15/2018	Contact - Document Received 1326 & fps
05/15/2018	File Transferred to Field Office Saginaw
05/30/2018	Application Incomplete Letter Sent
06/05/2018	Application Complete-Onsite Needed
06/05/2018	Inspection Completed BCAL-Full Compliance
06/06/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 110 N. Elk Street, Sandusky, Michigan is being purchased by Deborah Russell on a land contract from Doris Bezemek. The property was previously A Touch of Gold AFC, license number AS760079320, licensed on January 22, 1998 continuously through January 13, 2015. The property was then licensed to Marjorie Schmidt, A Place of Grace, license number AS760362466 from January 14, 2015, continuously until the issuance of this license.

A Place of Grace is located within the city limits of Sandusky, Michigan. It was built in 1988 on a crawl space. The single-story structure is situated on a corner 120' X 120' size lot. The exterior portion of the home is vinyl siding with three exits leading from the interior. The home is in very good repair and has public sewer and water systems.

The furnace and hot water heater are located in a room on the main floor that is constructed of a material that has a 1-hour-fire-resistance rating. The furnace was inspected on January 9, 2018 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 licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	9' X 9'9"	87.75 sq. ft.	1
#2	9' X 9'9"	87.75 sq. ft.	1
#3`	9' X 9'7"	86.25 sq. ft.	1
#4	9' X 9'10"	88.5 sq. ft.	1
#5	9' X 9'9"	88.5 sq. ft.	1
#6	9' X 9'9"	87.75 sq. ft.	1

The living, dining, and sitting room areas measure a total of 2035 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. This facility has two bathrooms, one located between bedroom numbers three and four and one directly across the hallway.

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 ambulatory adults, age 50 and above, whose diagnosis is aged, and/or diagnosed with Alzheimer's in the least restrictive environment possible. Wheelchair users will not be accepted. 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 Community Mental Health Authority, hospitals, and nursing homes.

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/Administrator Qualifications

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

The (applicant **or** 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 six bed facility is adequate and includes a minimum of one staff –to-six 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.identogo.com) (Formerly L-1Enrollment, by Morpho Trust), 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 AFC adult small group home (capacity 1-6).

Kathryn Huber

06/07/2018

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary Holton

06/08/2018

Mary E Holton
Area Manager

Date