



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

September 11, 2018

Barbara Hartman  
3214 LakeShore Dr  
ESCANABA, MI 49829

RE: Application #: AF210392110  
Hartman's Adult Care  
3214 LakeShore Dr  
Escanaba, MI 49829

Dear Ms. Hartman:

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 2 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 (906) 226-4171.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant  
Bureau of Community and Health Systems  
234 West Baraga  
Marquette, MI 49855  
(906) 280-2519

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AF210392110
<b>Licensee Name:</b>	Barbara Hartman
<b>Licensee Address:</b>	3214 LakeShore Dr ESCANABA, MI 49829
<b>Licensee Telephone #:</b>	(906) 233-7008
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Hartman's Adult Care
<b>Facility Address:</b>	3214 LakeShore Dr Escanaba, MI 49829
<b>Facility Telephone #:</b>	(906) 233-7008 01/16/2018
<b>Application Date:</b>	
<b>Capacity:</b>	2
<b>Program Type:</b>	AGED

## II. METHODOLOGY

01/16/2018	On-Line Enrollment
01/22/2018	Application Incomplete Letter Sent needs fingerprint and 1326's
01/22/2018	Application Complete/On-site Needed
01/31/2018	Inspection Completed-Environmental Health : B Temporary approval until May 1. 2018
04/02/2018	Inspection Completed On-site
04/10/2018	Inspection Completed-BCAL Full Compliance
04/13/2018	Contact - Document Received Medical clearances received.
08/20/2018	Contact – Face to Face Interview with Barbara Hartman.
08/28/2018	Inspection Completed-Environmental Health : A
08/30/2018	Contact - Document Received Current tax record received.
09/10/2018	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is a single story, wood framed home (2042 sq. ft. less the detached garage) located in the city of Escanaba. The home sits in a wooded residential area south on M-35. The property is near parks, service provider organizations, medical resources and shopping areas. Proof of ownership was provided, reviewed, and is on file. Mrs. Barbara Hartman owns the home. A current credit report was received and is on file.

The home is very neat, clean and comfortably furnished. The main floor consists of the resident bedrooms, the Licensee's bedroom, a full bathroom, and a large living room with a combined dining room and kitchen. There are two resident bedrooms approved in the home. One bedroom is a private suite and has a full private bath area.

The approved residents' bedrooms have the following dimensions:

Bedroom #1	414 sq. ft.	Approved capacity 1
Bedroom #2	102 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 2 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home has a private septic tank and well. An environmental inspection was completed by the Delta Menominee District Health Department on 01/31/2018 resulting in a temporary approval until May 1, 2018, due to the snow cover on the well and drain field. On August 16, 2018, a follow-up environmental inspection was completed resulting in a "A" rating with no deficiencies. The septic system functions properly and the water tested safe for consumption.

The facility has independent smoke detectors that are located in Bedroom #1 and in the hallway near Bedroom #2 and the kitchen area that were tested and found to be in good working order. The furnace was inspected on 04/13/2018 by Richer's Refrigeration and AC and found to be in compliance with all state and local codes.

The home does not meet the criteria for accepting residents who require the use of a wheelchair.

## **B. Program Description**

The facility proposes to serve two male of female adults that are Aged (55 and older) with full or limited mobility.

The home will offer residents a normalized home environment and integrations with various community resources and will encourage family involvement. The home will provide raised garden areas for the resident enjoyment in addition to holiday and birthday celebrations, barbeques, outings, and other calendar activities. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

## **C. Licensee and Administrator Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Barbara Hartman, the licensee. Ms. Hartman submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The staffing pattern for this 2-bed facility is adequate and includes a minimum of 1 staff per 2 residents on the awake-shift, and 1 staff to 2 residents during the sleep shift.

The licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked box and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that they will provide three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

**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 family home (capacity 2).



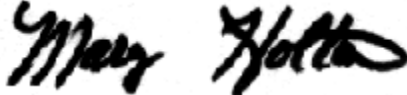
09/10/2018

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Theresa Norton  
Licensing Consultant

Date

Approved By:



09/11/2018

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Mary E Holton  
Area Manager

Date