



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 5, 2018

Sandi Young
5116 18th Rd
Escanaba, MI 49829

RE: Application #: AF210396093
Golden Acres AFC
5116 18th Rd
Escanaba, MI 49829

Dear Ms. Young:

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 (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

License Application #:	AF210396093
Applicant Name:	Sandi Young
Applicant Address:	5116 18th Rd Escanaba, MI 49829
Applicant Telephone #:	(906) 553-7699
Administrator/Licensee Designee:	N/A
Name of Facility:	Golden Acres AFC
Facility Address:	5116 18th Rd Escanaba, MI 49829
Facility Telephone #:	(906) 553-7699
Application Date:	08/28/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED, DEVELOPMENTALLY DISABLED, MENTALLY ILL, TRAUMATIC BRAIN INJURED, ALZHEIMERS, AND AGED

II. METHODOLOGY

08/22/2018	Inspection Completed-Env. Health : A
08/28/2018	Enrollment
08/28/2018	Application Complete/On-site Needed
09/04/2018	Contact - Document Received pkt given to consultant
09/19/2018	Inspection Completed On-site
09/19/2018	Inspection Completed-BCAL Sub. Compliance
09/24/2018	Contact - Document Received Deed, furnace inspection, and program description received.
09/24/2018	Inspection Completed-BCAL Full Compliance
10/05/2018	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, double-story home built in 2008. It is located in a beautiful subdivision, close to the city of Escanaba. The property sits in a wooded rural setting and has five acres of land. The property is in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. The home is owned by Mr. and Mrs. Ronald Young. A covenant deed was submitted and is maintained in the file.

The double story home has 4400 square feet and is handicapped accessible throughout only the lower level. Licensee Sandi Young agrees only fully ambulatory residents can be housed in the upper level. There is a large deck/patio and a large fenced back yard area available for resident's enjoyment. The home has a large kitchen and family room area in an open concept. There is also a large living room located in the center of the

facility, and another living room area in the upper level. There are 5 approved bedrooms in the home (2 approved rooms are located in the upper level- Bedrooms #4 and #5). There are 2 full resident bathrooms in the home all which have shower/tub facilities. In addition, there is a half bathroom located on the first floor. The Youngs' private bedroom and living quarters are located on the upper level. The home is very neat, clean and comfortably furnished.

The bedrooms have the following dimensions:

Bedroom #1	200 sq. ft.	Approved capacity 2
Bedroom #2	105 sq. ft.	Approved capacity 1
Bedroom #3	104 sq. ft.	Approved capacity 1
Bedroom #4 (upper)	139 sq. ft.	Approved capacity 1
Bedroom #5 (upper)	145 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 6 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.

Mr. and Mrs. Young reside in the facility and have private quarters in the upper level of the home.

The home has a private septic tank and well. A final environmental inspection was completed by the Delta-Menominee District Health Department on 08/22/2018 resulting in an "A" final rating. The septic system functions properly and the water tested safe for consumption.

The facility has an interconnected smoke detection system and fire extinguishers located on both levels.

The heating and water heating unit were inspected by Bugay Heating and Cooling, Inc., on 09/19/2018 and found to be in proper and good working order.

B. Program Description

The facility proposes to serve both male and female adults that are Developmentally Disabled, Mentally Ill, Physically Handicapped, Traumatic Brain Injury, Alzheimer's and/or Aged. The home will also have Special Certification status and a working contract with Pathways Mental Health. The certification will be issued at the time of license issuance.

The goal of the home is to offer residents a normalized home environment and integrations with various community resources. Strong emphasis will be placed on coordination and cooperation between the home and various community agencies, and

to help each resident to nurture independence, encourage socialization, and enjoy a peaceful, caring environment.

The facility intends to sponsor activities such as gardening using raised beds, games, shopping trips, arts and crafts, birthday celebrations, holiday activities, etc. The Youngs' will encourage family involvement.

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. Sandi Young, the licensee. Ms. Young 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 6-bed family facility is adequate and includes a minimum of 1 to 2 staff per 6 residents on the awake-shift and 1 staff to 6 residents during the sleep shift. The home intends to add additional staff at peak hours if necessary.

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 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 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 cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged 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 licensee acknowledged 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 the documents contained within each employee's file.

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 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 Family home (capacity 6).

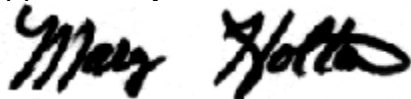


10/05/2018

Theresa Norton
Licensing Consultant

Date

Approved By:



10/05/2018

Mary E Holton
Area Manager

Date