



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 9, 2018

Carolyn Bruning
Blue Horizons Home Inc
208 N. 8th Street
Alpena, MI 49707

RE: Application #: AM040395346
Blue Horizons
208 N. 8th Street
Alpena, MI 49707

Dear Ms. Bruning:

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 12 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

Application #:	AM040395346
Applicant Name:	Blue Horizons Home Inc
Applicant Address:	208 N. 8th Street Alpena, MI 49707
Applicant Telephone #:	(989) 354-4455
Licensee Designee:	Carolyn Bruning
Name of Facility:	Blue Horizons
Facility Address:	208 N. 8th Street Alpena, MI 49707
Facility Telephone #:	(989) 354-4455
Application Date:	07/18/2018
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/24/2018	Inspection Completed-Fire Safety : A
07/11/2018	Contact - Document Sent Brett Jensen, BFS
07/12/2018	Contact - Document Received Brett Jensen, BFS
07/12/2018	Contact - Telephone call made Brett Jensen, BFS Sprinkler System Approved. Ready for 12 Bed AFC Inspection
07/18/2018	Enrollment
10/03/2018	Application Complete/On-site Needed
10/03/2018	Inspection Completed On-site
10/03/2018	Inspection Completed-Env. Health : A
10/03/2018	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a two-story urban structure that includes an improved basement and an attached two-car garage. There is also an unattached single-car garage used for storage of bicycles and yard furniture.

The first floor is a barrier free design. The layout includes a 30'X18' living room, a 17'X18' dining room, a 12'X14' activity room, a 12'X17' kitchen, a two-bedroom apartment (including a kitchen, living/dining area and a full bath), a half bath and a small front office. Staff use one of the two bedrooms located in the apartment. The other bedroom is utilized by a resident. All other resident bedrooms are in a two-story wing. The second-floor resident bedrooms duplicate those on the first floor, with the exception that two of the first-floor bedrooms have barrier-free bathrooms. A common full bath is shared by every two bedrooms.

The basement includes an office, an activity room and two one-hour furnace enclosures. The facility has natural gas forced air heat and a gas water heater. The home is serviced by municipal water and sewer system.

The furnace and hot water heater are located in an enclosed room in the basement 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 an approved pull station alarm system and a sprinkled system installed throughout.

The home has operated continuously as a licensed 16-bed large group home since 1984. The home applied to reduce their capacity from 16 to 12 beds which is a change in license category and required the entire home be sprinkled. A sprinkler system was installed and on 5/24/2018 the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'X10'6"	178.5	2
2	17'X10'6"	178.5	1
3	17'X11"	187	1
4	17'X11"	187	2
5	17'X11"	187	2
6	17'X11"	187	1
7	17'X11"	187	1
8	17'X11"	187	1
9	13'X10'6"	136.5	1

The living, dining, and sitting room areas measure a total of 1,043.5 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 **12** 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 12 male or female ambulatory adults who are diagnosed with a mental illness, a developmental disability, a physical handicap in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the developmentally disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the resident's person-centered plan.

Programs for the physically handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

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 individual *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 is Blue Horizons, Inc., "Non-Profit Corporation" was established in Michigan, on 05/15/1973. 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 Blue Horizons, Inc. has submitted documentation appointing Carolyn Bruning as Licensee Designee and the Administrator of the facility.

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 12-bed facility is adequate and includes a minimum of two staff to 12 residents per shift during awake hours and one staff to 12 residents during sleeping hours. All staff will be allowed to sleep 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 the documents contained within each employee's record.

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 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.

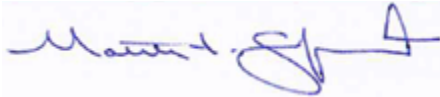
The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

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 12).

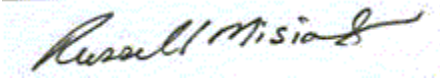


10/9/2018

Matthew Soderquist
Licensing Consultant

Date

Approved By:



10/10/18

Russ Misiak
Area Manager

Date