



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 6, 2018

Patrick Bray
Trillium House, Inc.
1144 S. Northland Ave
Marquette, MI 49855

RE: Application #: AM520379519
Trillium House
1144 S. Northland Ave
Marquette, MI 49855

Dear Mr. Bray:

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 8 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 cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AM520379519
Applicant Name:	Trillium House, Inc.
Applicant Address:	Suite 1105 1401 Presque Isle Marquette, MI 49855
Applicant Telephone #:	(906) 264-5026
Administrator/Licensee Designee:	Patrick Bray, Designee
Name of Facility:	Trillium House
Facility Address:	1144 S. Northland Ave Marquette, MI 49855
Facility Telephone #:	(906) 264-5026
Application Date:	08/31/2015
Capacity:	8
Program Type:	Physically Handicapped or AGED

II. METHODOLOGY

08/31/2015	Enrollment
09/15/2015	Application Incomplete Letter Sent needs fingerprint for Patrick Bray
10/05/2015	Application Incomplete Letter Sent
01/27/2016	Plan Review Received BFS148228-Final-New building/facility
11/07/2017	Plan Review Received BFS148228-Modification-Fire alarm/Fire detection-new fire alarm system
12/01/2017	Contact - Face to Face I met with Pat Bray to go over policies and procedures
03/08/2018	Contact - Document Received I received policies and procedures for this facility.
05/14/2018	Contact - Document Received Received updated policies, current medical, designation of the Licensee Designee
06/01/2018	Inspection Completed-Fire Safety: A BFS148228-final approval
06/20/2018	Contact - Document Received Received updated policies and procedures
06/21/2018	Inspection Completed On-site
07/02/2018	Inspection Completed Environmental Health A
07/02/2018	Inspection Completed On-site
07/02/2018	Inspection Completed On-site Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a newly built single story building owned by Trillium House Inc.. The Trillium House is located in Marquette, MI with in the city limits. The facility is located only a few blocks from where a new hospital is being built. The facility will accept residents who are enrolled in a hospice program of their choosing. The facility will be providing personal care, protection and supervision based on the residents needs and assessments.

This is an Adult Foster Care home is licensed for 8 residents. The facility is handicap accessible with 2 approved means of egress.

The home is located in a residential neighborhood on Northland Drive. The home is close to the community hospitals, shopping centers and recreational opportunities. The home is an eight bedroom home giving each resident a private bedroom. Each bedroom has a full bath with their own toilet and sink and handicap accessible shower. There is 1 barrier free bathing room in the facility that will be used for all 8 residents. There is a bathing room equipped with a spa tub for the residents to use if they desire.

Bedroom 1 13'x19' or 247 sq. feet
Bedroom 2 13'x19' or 247 sq. feet
Bedroom 3 13'x19' or 247 sq. feet
Bedroom 4 13'x19' or 247 sq. feet
Bedroom 5 13'x19' or 247 sq. feet
Bedroom 6 13'x19' or 247 sq. feet
Bedroom 7 13'x19' or 247 sq. feet
Bedroom 8 13'x19' or 247 sq. feet

Living room/ common area is 21'x 21' or 441 sq. feet
Dining room is 21' x20' or 420 sq. feet
Conference room/Gathering room 13'5"x18 or 243 sq. feet

The furnace is located in a mechanical room that is fully enclosed with the appropriate fire safety requirements. The facility has been found in full compliance with fire safety and environmental health.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to 8 residents over the age of 18 who are physically handicapped or aged. There will be at least 1 staff person on duty at all times.

The facility has provided their program statement, admission and discharge policies and their house rules. They have also provided training information that they will be using to train staff in caring for residents.

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

C. Applicant and Administrator Qualifications

Trillium House Inc. has named Patrick Bray as the Licensee Designee and Administrator. A licensing record clearance was completed on Mr. Bray with no LEIN convictions. The facility has submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

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 applicants has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained.

The applicant acknowledges 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 applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

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.

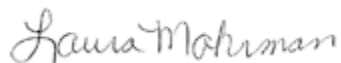
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. 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 medium adult foster care home with a capacity of 8 residents.




7/3/2018

Laura Mohrman
Licensing Consultant

Date

Approved By:



7/6/2018

Mary E Holton
Area Manager

Date