



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

August 6, 2018

Roberta Morrie  
230 Delano Street  
Allegan, MI 49010

RE: Application #: AS030394330  
Trinity House  
3407 125th Avenue  
Allegan, MI 49010

Dear Ms. Morrie:

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS030394330
<b>Applicant Name:</b>	Roberta Morrie
<b>Applicant Address:</b>	230 Delano Street Allegan, MI 49010
<b>Applicant Telephone #:</b>	269-680-0732
<b>Licensee Designee:</b>	Roberta Morrie
<b>Administrator:</b>	Roberta Morrie
<b>Name of Facility:</b>	Trinity House
<b>Facility Address:</b>	3407 125th Avenue Allegan, MI 49010
<b>Facility Telephone #:</b>	(269) 680-0732
<b>Application Date:</b>	05/08/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

05/08/2018	Enrollment Online enrollment
05/23/2018	Contact - Document Sent Rule & Act booklets
05/23/2018	Application Incomplete Letter Sent Records clearance, RI-030 & FP's for Roberta; records clearance for Administrator
06/04/2018	Contact - Document Received Records clearance & RI-030 for Roberta (LD & Admin)
06/13/2018	Inspection Report Requested - Health Inv. #1028415
08/02/2018	Inspection completed full compliance
08/03/2018	Contact Document Received Special Certification for MI and DD.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

Trinity House is located at 3407 125<sup>th</sup> Avenue, Allegan (Allegan County), Michigan (49010). The house was purchased by Shane Lee Clemens and Roberta Ann Morrie on or about May 14, 2018. The house was licensed as an Adult Foster Care home from March 1, 2017 until April 19, 2018 by a different owner.

This home is a bungalow style dwelling with four bedrooms (one on the second floor and three on the main floor), living room, dining area, laundry room, one full bath, an office, and a kitchen. There is a cellar under the house. The home is not wheelchair accessible. The home sits on approximately three acres and utilizes a septic system for its sewage and a well for its water supply. A Sanitarian from the Allegan County Health Department inspected this house and property on June 29, 2018 and issued an "A" rating (full compliance). There are handrails where required. There is no garage, but there is plenty of parking space in front of the home.

The hot water heater and furnace are located underneath the house and can only be accessed through a covered stairwell and a door at the bottom of the stairs.

The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational, and was tested upon the Licensing Consultant's inspection on July 25, 2018 and worked properly. There are at least two operable A-B-C fire extinguisher that are easily

accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

The applicant applied for a Special Certification for Mentally Ill and Developmental Disability.

Resident bedrooms were measured have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Resident Beds
1	10'1" X 12'1"+1'6" X 3"	126	2
2	5' X 3'6"+ 5'7" X 20'8"+7'3" X 12'1"	220	2
3	13' X 12'1"	157	2

**Total Capacity: 6**

The living and dining room areas measure a total of 361 square feet of living space. This meets the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

A telephone is available for residents to use. Telephone numbers for emergency services is posted near the telephone.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good.

## **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 male and/or female adults aged 18-70 years, who may be diagnosed as mentally ill, developmentally disabled, aged, and/or who has a physical handicap. 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. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the

responsible agency.

Trinity House will provide transportation to residents for appointments only. Emergency transportation needs will be fulfilled through ambulance services

### **C. Applicant and Administrator Qualifications**

Roberta Morrie is the Licensee Designee and Administrator for this home. Medical and Record Clearance requests for Ms. Morrie were completed with no restrictions noted on either. Her TB-tine results were negative.

Ms. Morrie 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 six-bed facility is first shift (7 a.m. to 3 p.m.) 2-staff-to-6 residents; second shift (3 p.m. to 11 p.m.) 2-staff-to-6 residents; third shift (11 p.m. to 7 a.m.) 1-staff-to-6 residents.

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.miltcpartnership.org](http://www.miltcpartnership.org)), Identogo, and the related documents required to be maintained in each employee's 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 Ms. Morrie, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart 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 themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and 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.

**VI. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care small group home capacity 6.

*Arlene B. Smith*

08/03/2018

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Arlene B. Smith, Licensing Consultant                      Date

Approved By:

*Jerry Hendrick*

08/06/2018

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Jerry Hendrick, Area Manager                                      Date