



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 5, 2018

Nancy Posey and Theresa Posey
8470 Parshallville
Fenton, MI 48430

RE: Application #: AS470391531
Grandpa's House
9162 Parshallville Road
Fenton, MI 48430

Dear Nancy Posey and Theresa Posey:

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. If I am not available, and you need to speak to someone immediately, please contact the local office at (313) 456-0360.

Sincerely,

A handwritten signature in cursive script that reads "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-8967

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS470391531
Applicant Name:	Nancy Posey and Theresa Posey
Applicant Address:	8470 Parshallville Fenton, MI 48430
Applicant Telephone #:	(810) 632-7760
Administrator	Nancy Posey
Name of Facility:	Grandpa's House
Facility Address:	9162 Parshallville Road Fenton, MI 48430
Facility Telephone #:	(810) 869-3556
Application Date:	11/20/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODOLOGY

11/20/2017	Enrollment
11/30/2017	Contact - Document Sent Rule & Act booklets
11/30/2017	Application Incomplete Letter Sent
06/04/2018	Contact - Document Received
06/13/2018	Inspection Report Requested - Health Inv. #1028417
06/22/2018	Application Incomplete Letter Sent
07/10/2018	Inspection Completed-Env. Health: A
08/20/2018	Application Complete/On-site Needed Received the budget and financial statement today via fax
10/3/2018	Inspection Completed – Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Grandpa's House is a ranch style home built on a slab foundation in a northern, rural section of Livingston County. There is a total of four bedrooms and two bathrooms. When entering the home off the driveway, there is a small porch with ramp to the entrance door that leads into a parlor room consisting of 121 square feet of space. Left of the parlor are two bedrooms. Directly across a hallway from the parlor is a room that has the washer/dryer and a full bathroom. Right of the parlor wall, is the kitchen and only base kitchen cabinets separate the living room and dining room area creating a large great-room effect. The living room and dining room are a combined area that is 286 square feet. Left of the dining room is a small hall that leads to another two bedrooms and a full bathroom. The home has two approved means of egress terminating to a porch that is equipped with a small ramp to level ground. Grandpa's House program accepts Alzheimer's and related dementia residents. The floor plan is open and simple to provide ease of movement and easy orientation for residents with

dementia. Grandpa's House has a private sewage disposal system and private water well.

The home has a gas water heater and gas water heat boiler. Both the gas water heater and gas boiler are in a small room attached to the bathroom/laundry room which has a 1 ¾ inch solid core door with an automatic self-closing device and positive latching hardware. The door to the laundry room and bathroom also has a 1 ¾ inch solid core door with automatic self-closing device and positive latching hardware separating it from the main area of the home.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.11 x 11	122	1
2	16.2 x 11.04	178.8	Can be up to 2 not to exceed total capacity
3	13.4 x 10	130.4	Can be up to 2 not to exceed total capacity
4	13.11 x 11.1	144.2	Can be up to 2 not to exceed total capacity

The indoor living and dining areas measure a total of 286 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **6** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity of 6 residents. Three of the four bedrooms are large enough to accommodate two occupants per room. One of the three bedrooms large enough for two occupants is only to house one occupant. The applicant(s) understand that there will not be more than six beds total set up for use between all the bedrooms. If a room will have a household member, then a bed may be added at that time for that purpose and must be removed when the bed is no longer needed. Extra beds are not to be set up when not occupied. There will not be any more than six total residents in the facility.

The home can accommodate wheelchairs.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to 6 (male and/or female) residents who are aged, physically handicapped, or who have Alzheimer's Disease or related conditions. The program will include social interaction, training to develop personal hygiene, personal adjustment, hair and barber services,

exercise and walks, games, cards, ice cream and pizza socials, gardening, fishing, and bingo. The applicant intends to accept residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant(s) to utilize local community resources for recreational activities. These resources may provide an environment to enhance resident quality of life.

C. Applicant and Administrator Qualifications

The applicant(s) have enough financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents and current resources from their other licensed homes until income from residents is enough to operate the program.

Criminal history background checks of the applicant(s) and administrator were completed, and they were determined to be eligible and of good moral character to provide licensed adult foster care. The applicant(s) and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant(s) and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Both applicants have owned multiple adult foster care facilities over the past 10 or more years working with the same population(s) that will reside in Grandpa's House.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant(s) acknowledge that the staff to resident ratio may need to be adjusted to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant(s) have indicated that direct care staff will be awake during sleeping hours.

The applicant(s) acknowledged an understanding of the qualifications, suitability, and training 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(s) acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant(s) acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant(s) acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) or licensee designee will 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(s) acknowledged the 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 directly with residents. In addition, the applicant (s) acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant(s) acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant(s) acknowledge the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant(s) acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

The applicant (s) acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged 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 the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant(s) acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant (s) indicated the intent to respect and safeguard these resident rights.

The applicant(s) acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

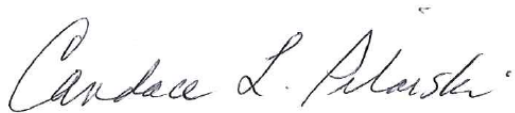
The applicant(s) acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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.

E. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 6.



_____ 10/4/2018
Candace Pilarski Date
Licensing Consultant

Approved By:



_____ 10/5/2018
Ardra Hunter Date
Area Manager