



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

October 23, 2014

Trisha Johnston
Owosso Owl's Nest LLC
3837 S. M-52
Owosso, MI 48867

RE: Application #: AS780355037
Owosso Owl's Nest
3837 S. M-52
Owosso, MI 48867

Dear Ms. Johnston:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9720.

Sincerely,

Christopher Holvey, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AS780355037

Applicant Name: Owosso Owl's Nest LLC

Applicant Address: 3837 S. M-52
Owosso, MI 48867

Applicant Telephone #: (517) 420-4792

Administrator/Licensee Designee: Trisha Johnston

Name of Facility: Owosso Owl's Nest

Facility Address: 3837 S. M-52
Owosso, MI 48867

Facility Telephone #: (517) 420-4792
12/23/2013

Application Date:

Capacity: 6

Program Type: AGED
Alzheimer's

II. METHODOLOGY

07/10/2013	Inspection Completed-Env. Health : A
12/23/2013	Enrollment
01/07/2014	Contact - Document Sent Rules & Act booklets
01/07/2014	Application Incomplete Letter Sent App - complete #22
01/15/2014	Contact - Document Received App - completed #22
01/23/2014	Comment SOS for Tierney Sullivan - ok
01/23/2014	Application Complete/On-site Needed
03/10/2014	Application Incomplete Letter Sent
08/05/2014	Contact - Document Sent Received required documents from licensee.
09/12/2014	Inspection Completed-BCAL Sub. Compliance
09/29/2014	Inspection Completed-BCAL Full Compliance
10/14/2014	Inspection Completed-Env. Health : A
10/23/2014	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Owosso Owl's Nest is a ranch style home that sits on seven acres of land located in a semi-rural area of Owosso, MI. There is a large porch attached to the front entrance of the facility, with multiple steps to entry. There is a second wooden deck attached to the back of the facility, which is accessed through the sliding glass door located in the dining room. There is a wooden wheelchair ramp at a third exit, located in the back of the facility and accessed through the family room. The wheelchair ramp leads directly to a cement driveway at the side of the facility. The facility has a large cement driveway that provides ample parking space for staff and visitors.

The main level of the home consists of a living room, dining room, kitchen, family room, laundry room, two full baths, furnace room, and six private resident bedrooms. One of the full bathrooms is fully handicapped accessible.

The basement level of the facility consists of a living room, two bedrooms and one full bathroom. It will be utilized by a live-in staff and residents will not have access to this level of the facility.

The facility has two separate furnaces and one hot water heater. One furnace is located in a room off the family room, which has a fully stopped, solid wood core door that is equipped with an automatic self-closing device and positive-latching hardware. The second furnace and the hot water heater are located in the basement and are separated from residents by a fully stopped, solid wood core door that is equipped with an automatic self-closing device and positive-latching hardware. There is one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping areas, kitchen, and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	300 square feet	
Family Room	154 square feet	
Dining Area	100 square feet	
Bedroom #1	11' 7" x 11' = 127 square feet	1 resident
Bedroom #2	11' 2" x 13' 5" = 150 square feet	1 resident
Bedroom #3	10' 2" x 10' 5" = 106 square feet	1 resident
Bedroom #4	10' 2" x 10' 5" = 106 square feet	1 resident
Bedroom #5	10' 2" x 10' 10" = 110 square feet	1 resident
Bedroom #6	10' 2" x 10' 10" = 110 square feet	1 resident

The facility has a private water supply and private sewage disposal system. The Shiawassee County Health Department inspected the facility on 10/14/14 and the facility received an "A" rating.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection and personal care for up to six male and/or female residents, 65 years or older and who may or may not suffer from Alzheimer's/dementia. The program will provide the most homelike atmosphere in which to live, while providing the optimal physical, social, emotional, and spiritual care to its residents. Family and friends will be encouraged to visit their loved ones. To ensure the residents physical safety, all exit doors are equipped with alarms and all residents will have individual life line alerts. This facility is not wheelchair accessible at this time.

Trisha Johnston is the applicant/licensee and administrator of the facility. A criminal history background check was completed for Ms. Johnston. She has been determined to be of good moral character. Ms. Johnston submitted statements from a physician documenting her good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) resident will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

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 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)), 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 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 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 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 discharge written 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 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 an accident involving 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 in order 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.

Ms. Johnston has a degree in Applied Science-Respiratory Therapy and has been employed by McLaren Greater Lansing (formerly known as Ingham Regional Medical Center) since 1987 as a respiratory therapist. Ms. Johnston has worked with all patient populations, from newborns to the aged, as a member of the overall healthcare team.

Her many years of experience has given her a good general knowledge of the needs, health issues and the support that the aged population requires. Before receiving her degree, Ms. Johnston spent one year as a Certified Nursing Assistant (CAN) providing in-home personal care to an aged individual, who suffered from dementia. Ms. Johnston reports that all resident files will be kept on the facility grounds.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC small group home with a capacity of six (6) residents.



10/23/14

Christopher Holvey
Licensing Consultant

Date

Approved By:



10/28/14

Mary E Holton
Area Manager

Date