



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 26, 2018

Tammy Haner
Lighthouse Assisted Living, LLC
617 Kalamazoo St.
South Haven, MI 49090

RE: Application #: AS800392605
Lighthouse Assisted Living
60261 M-43
Bangor, MI 49013

Dear Ms. Haner:

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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800392605
Licensee Name:	Lighthouse Assisted Living, LLC
Licensee Address:	60261 M-43 Highway Bangor, MI 49013
Licensee Telephone #:	(269) 767-2559
Administrator:	Tammy Haner
Licensee Designee:	Tammy Haner
Name of Facility:	Lighthouse Assisted Living
Facility Address:	60261 M-43 Bangor, MI 49013
Facility Telephone #:	(269) 767-3757
Application Date:	02/12/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

02/12/2018	On-Line Enrollment
02/12/2018	On-Line Application Received - Original
02/12/2018	On-Line Fee Received - Original
02/12/2018	On-Line Application Incomplete Letter Sent App; letter from IRS; rec cl, FP's, RI-030 for Tammy (LD & Admin); rec cl for Phillip (owner)
02/13/2018	Contact - Document Sent Rule & Act booklets
02/22/2018	Comment FP's for Tammy (LD & Admin); Phillip (business owner)
03/13/2018	Contact - Document Received Rec cl's & RI-030's for Tammy & Phillip
03/14/2018	Inspection Report Requested - Health
03/14/2018	File Transferred To Field Office
03/26/2018	Application Incomplete Letter Sent
04/19/2018	Inspection Completed-Env. Health: A
08/29/2018	Contact - Document Received Received admission and discharge policies, admin job description, direct care staff job description, organizational chart, expected income and expense summary, floor plan, copy of deed, and admin credentials and training verifications.
09/16/2018	Contact - Document Received Received permission to inspect the facility from the owners.
09/18/2018	Contact - Document Sent Sent email to licensee designee requesting an onsite date. She sent an email back confirmed Oct. 5th works for onsite inspection.
10/05/2018	Inspection Completed On-site
10/05/2018	Inspection Completed-BCAL Sub. Compliance
10/10/2018	Confirming letter sent

11/02/2018	Contact - Document Received Received examples of activities provided by facility and evacuation plan
11/02/2018	Contact - Document Received Scheduled additional onsite inspection for 11/07/2018
11/03/2018	Contact - Document Received Received pictures via email showing double door wheelchair entrance had been fixed, mechanical room self-closing door, back door with egress door handle.
11/05/2018	Contact - Document Received Received via email current medical clearances
11/07/2018	Inspection Completed On-site
11/07/2018	Inspection Completed On-site – BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is in rural Bangor, Michigan, directly off M-43 Highway heading west towards South Haven. The facility was formerly used as a church, but after it was purchased by the current owners it was transformed into an adult foster care facility. The facility is one floor, which is L shaped, and has no basement. It also has a 20 ft by 41 ft loft area. All the resident bedrooms and bathrooms are located on the main floor of the facility. There are only five resident bedrooms in the facility; however, the facility's capacity is six residents in order to accommodate a couple that would like to share a space.

There are no non-resident bedrooms in the facility. In terms of living space, the facility has an open concept. When first entering the facility, one enters a foyer, which leads to the dining area, then into the kitchen, which then transitions into the lounge/living room. There is a staff bathroom off the kitchen area as well as one resident bedroom. To access the utility room, one must enter the laundry room, which is also right off the kitchen area. The remaining four resident bedrooms are located off the main hallway, which connects to the lounge/living area. All five resident bedrooms have private full bathrooms in each resident bedroom, which are Americans with Disabilities Act (ADA) approved per the licensee designee. There is also a resident dinette area in each resident bedroom. The loft area is located directly above the four resident bedrooms and hallway. The loft area will be used primarily as a staff office and an additional space for residents to visit with their family. The home is wheelchair accessible and has two approved means of egress that are equipped with ramps from the first floor.

The home utilizes a private water and septic system, which was tested on 04/19/2018 and was found to be in substantial compliance with environmental health administrative rules. The gas furnace and hot water heater are located on the main floor in a room that is constructed of materials that provide a one-hour fire resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The gas furnace is newly installed by a licensed professional and is in good working condition. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. There is a total of 8 fire alarms in the facility; one in each resident bedroom, one in the loft, and two on the main level of the home located in the common areas. There are also lighted exit signs above the exit doors of the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	(15 ft x 12 ft) + (4 ft x 11 ft)	224	1 or 2
2	(12 ft x 10 ft) + (4 ft x 11 ft)	164	1 or 2
3	(12 ft x 10 ft) + (4 ft x 11 ft)	164	1 or 2
4	(12 ft x 10 ft) + (4 ft x 11 ft)	164	1 or 2
5	(12 ft x 10 ft) + (4 ft x 11 ft)	164	1 or 2

The living, dining, and sitting room areas measure a total of 1163 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 **six (6)** male or female ambulatory, physically disabled or aged residents in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. Examples of activities that will be offered monthly at Lighthouse Assisted Living will be chair exercises, Bingo, card games, crafts, reading club, cooking club, walking club, tea and coffee social hour, social outings, current events social hour and gardening. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

The licensee will provide all transportation for program and medical needs. The facility will make provisions for a variety of leisure and recreational equipment.

A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Van Buren County DHHS, Area Agency on Aging or private pay individuals as referral sources. 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.

C. Applicant and Administrator Qualifications

The applicant is Lighthouse Assisted Living, L.L.C., which is a "Domestic Limited Liability Company". It was established in Michigan on 09/28/2016. 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 members of Lighthouse Assisted Living, L.L.C. have submitted documentation appointing Tammy Haner as both the Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined that the licensee designee, Ms. Haner, is of good moral character and eligible for employment in a licensed adult foster care facility. Tammy Haner submitted a statement from a physician documenting her good health and current negative TB-test results. Ms. Haner has also provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Haner has extensive history and experience working in other AFC facility's in Michigan, which includes being appointed as Administrator. Ms. Haner provided documentation verifying she's completed ongoing training pertaining to AFC employment and administration since 2012.

The staffing pattern for the original license of this five bed facility, with a capacity for six residents, is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake 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 facility's 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 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 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’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 designee, 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 directly with residents. In addition, the applicant acknowledges their 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 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 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

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.

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

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 six-month temporary license to this adult foster care small group home with a capacity of six residents.



11/13/2018

Cathy Cushman
Licensing Consultant

Date

Approved By:



11/26/2018

Dawn N. Timm
Area Manager

Date