



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 21, 2019

Timothy Adams
Silver Cloud Management LLC
1100 Willitts Road
Hastings, MI 49058

RE: Application #: AM080392618
Lallybroch Assisted Living
315 N. Taffee Drive
Hastings, MI 49058

Dear Mr. Adams:

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 12 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 cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM080392618
Applicant Name:	Silver Cloud Management LLC
Applicant Address:	1100 Willitts Road Hastings, MI 49058
Applicant Telephone #:	(616) 889-7340
Licensee Designee:	Timothy Adams
Administrator	T. York Adams
Name of Facility:	Lallybroch Assisted Living
Facility Address:	315 N. Taffee Drive Hastings, MI 49058
Facility Telephone #:	(269) 953-1233
Application Date:	02/09/2018
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/09/2018	Enrollment Online enrollment
02/13/2018	Contact - Document Sent Fire Safety String
02/13/2018	Contact - Document Sent Rule & Act booklets
02/13/2018	Application Incomplete Letter Sent Rec cl for Timothy Adams and T. York Adams
02/21/2018	Contact - Document Received Rec cl for Timothy Adams and T. York Adams
02/21/2018	File Transferred To Field Office Lansing
02/27/2018	Application Incomplete Letter Sent
10/12/2018	Plan Review Received 2018-002187 REVISED, Final, New 7-12
12/20/2018	Contact - Document Received Received copies of proof of ownership, zoning approval, medical clearance for Timothy Adams, medical clearance for T. York Adams, TB test results for Timothy Adams, TB test results for T. York Adams, program statement, admission/discharge policy, applicant training and competencies for Timothy Adams, personnel policies, job descriptions, standard/routine procedures, proposed staffing pattern, organizational chart, contracts, floor plan, and 2017 financial statements for corporation
12/27/2018	Inspection Completed-Fire Safety : A
01/23/2019	Contact - Document Received

Received articles of incorporation, by laws, board of directors list, proposed budget, designation of licensee designee, designation of available person, permission to inspect, and 2018 financial statement for the corporation

02/19/2019 Inspection Completed On-site

02/19/2019 Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Lallybroch Assisted Living is a ranch-style home located on the Thornapple River, directly adjacent to Tyden Park, housed within in a subdivision in the city of Hastings, MI. Residents will utilize both the main floor of the home and the garden level of the home. The main floor consists of a living room, dining room, kitchen, medication room, six resident bedrooms, each with an attached half bath, and one full bathroom containing a handicap accessible bathtub. The garden level of the home consists of three resident bedrooms, a living room, dining room, kitchenette, bathroom, mechanical room, storage room, and office. The home is wheelchair accessible and has three approved means of egress that are equipped with ramps from the first floor and two approved means of egress from the garden level. The home utilizes a public water supply and sewage disposal system.

The gas hot water heater and furnace are in the mechanical room on the garden level and are behind a 90-minute fire rated door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was recently inspected by a licensed electrician and is fully operational and is fully sprinkled. There are 22 smoke and heat detectors located throughout the home including every bedroom and near all flame or heat-producing equipment. The facility is equipped with seven pull stations and alarms with strobe lights to accommodate residents who may be hearing impaired. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules on 12/27/18.

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' 5" x 15' 5"	176	1
2	8' 0" X 14' 0"	112	1
3	8' 0" X 14' 0"	112	1
4	10' 5" X 9' 0"	94	1
5	10' 5" X 9' 0"	94	1
6	9' 0" X 9' 0"	81	1
7	10' 5" X 13' 3"	138	2
8	10' 11" X 12' 6"	136	2
9	12' 9" X 14' 1"	179	2

The indoor living and dining areas on the main floor measure a total of 448 square feet of living space. The indoor living and dining areas on the garden level measure a total of 538 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 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 12 male and/or female residents who are aged, physically handicapped, mentally ill, or developmentally disabled. The program will include assistance with all activities of daily living including eating/feeding, toileting, bathing, grooming, dressing, personal hygiene, and walking/mobility. The applicant will accommodate physician-ordered special diets for residents who require a special diet and will provide healthy home-cooked meals for all residents. The applicant intends to facilitate social interaction both in the home and in the community and the opportunity for involvement in educational or day programs or employment. The applicant expressed the desire to facilitate psychological growth and well-being for residents by using empathy, positive regard, gentle encouragement and spending one-on-one time with residents. The applicant intends to assist with arranging transportation and will provide transportation for an hourly rate plus mileage. The applicant intends to accept referrals from Barry County DHHS, Barry County CMH, MI Choice Waiver program through MDHHS, or 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 to utilize local community resources for recreational activities including the local library, movie theater, shopping, restaurants, local parks with live performances at the amphitheater, farmers'

market, fishing, community garden, and the local Commission on Aging. These resources provide an environment to enhance the quality of life and for applicable residents, increase independence.

C. Applicant and Administrator Qualifications

The applicant is Silver Cloud, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 03/02/2017. 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 Silver Cloud, L.L.C. have submitted documentation appointing Timothy Adams as licensee designee for this facility and T. York Adams as the administrator of the facility.

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

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Licensee designee Timothy Adams is the licensee designee for five currently active adult foster facilities. He has successfully operated in this capacity since 1980. As the licensee designee he involved in the oversight of the facilities and has had direct contact and experience with residents within the desired program areas. Mr. Timothy Adams was formally educated at The University of West Florida where he holds a bachelor's degree and he takes ongoing training courses through Muskegon Community College. Documentation reflected that Mr. Timothy Adams has received recent instruction in “Adult Foster Care Training” including food preparation and sanitation, building employee motivation, effective communication, record keeping, maintaining a cool head in heated situations, business and legal aspects of running an AFC home, fire safety rules and regulations, behavioral health, and building positive relationships in challenging situations.

Administrator T. York Adams is currently the administrator for a six-bed facility which he has successfully operated since May 9, 2017. Previously Mr. Adams successfully administrated another of the applicant's licensed adult foster care facilities for 10 years where he worked with residents who were aged, physically handicapped, mentally ill, or developmentally disabled. Mr. T. York Adams is a licensed professional counselor and has successfully counseled individuals and consulted with other entities and facilities to promote aging in place, during which Mr. T. Adams developed and shared expertise on helping residents retain functioning and avoid placement in a more restrictive environment. Mr. T. York Adams has degrees in business management and counseling

from Cornerstone University. Mr. T. York Adams has continued his training and education through Muskegon Community College where he completes at least 16 hours of training per year. Documentation reflected that Mr. T. York Adams has received recent instruction in “Adult Foster Care Training” including food preparation and sanitation, building employee motivation, effective communication, record keeping, maintaining a cool head in heated situations, business and legal aspects of running a home, fire safety rules and regulations, behavioral health, and building positive relationships in challenging situations.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 1 staff for 12 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order 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 has indicated that direct care staff will not be awake during sleeping hours.

The applicant 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 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 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 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 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 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 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 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 indicated the intent to respect and safeguard these resident rights.

The applicant 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 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.

The applicant acknowledged that residents with mobility impairments may only reside on the street level of the facility, though both the main level and the garden level of the home are on the street level.

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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care medium group home with a capacity of 12.

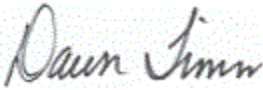


02/20/2019

Leslie Barner
Licensing Consultant

Date

Approved By:



02/21/2019

Dawn N. Timm
Area Manager

Date