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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 7, 2019

Ashley Dull
South Torch Assisted Living LLC
12800 Cherry Ave.
Rapid City, MI 49676

RE: Application #: AM050394329
South Torch Assisted Living
12800 Cherry Ave.
Rapid City, MI 49676

Dear Ms. Dull:

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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
931 S. Otsego Ave. Ste. 3
Gaylord, MI 49735
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM050394329
Applicant Name:	South Torch Assisted Living LLC
Applicant Address:	12800 Cherry Ave. Rapid City, MI 49676
Applicant Telephone #:	(231) 322-4444
Licensee Designee:	Ashley Dull
Administrator:	Christine Wellinger
Name of Facility:	South Torch Assisted Living
Facility Address:	12800 Cherry Ave. Rapid City, MI 49676
Facility Telephone #:	(231) 340-9200
Application Date:	05/21/2018
Capacity:	12
Program Type:	AGED

II. METHODOLOGY

05/21/2018	Enrollment
09/27/2018	Inspection Completed On-site
12/18/2018	Inspection Completed-Env. Health: A
05/17/2019	Inspection Completed-Fire Safety: A
05/21/2019	Inspection Completed On-site
05/22/2019	Confirming Letter Sent
06/03/2019	Inspection Completed On-site
06/04/2019	Inspection Completed On-site
06/05/2019	Inspection Completed BCAL-Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story renovated motel at the south end of Torch Lake in Rapid City. There are 12 resident rooms each with private bathrooms. There is a salon and an additional bedroom for staff or resident family use. The licensee stated they will ensure the protection and safety of all residents if they allow any overnight guests of residents to use the spare room. The licensee agreed at no time will they exceed their licensed capacity of 12 residents. There is a spacious entry way with half of the rooms on each wing. There is a large living and dining area past the entry way leading into the kitchen and a shared shower room. The home is wheelchair accessible and has 2 approved means of egress that have direct access to the front parking lot and are at grade.

The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 05/17/2019 the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On 12/18/18 the home was inspected by the Health Department of Northwest Michigan who determined that the home is in substantial compliance with applicable rules pertaining to water supply and sewage disposal.

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'X14'	210	1
2	15'X14'	210	1
3	15'X14'	210	1
4	15'X14'	210	1
5	15'X14'	210	1
6	15'X14'	210	1
7	15'X14'	210	1
10	15'X14'	210	1
11	15'X14'	210	1
12	15'X14'	210	1
13	15'X14'	210	1
14	15'X14'	210	1

The living, dining, and sitting room areas measure a total of 1,453 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate 12 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 12 male or female ambulatory or non-ambulatory adults who are aged in the least restrictive environment possible.

Programs for the aged residents will include activities of daily living, personal adjustment, social interaction, health, fitness, recreational activities and community interaction.

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.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources, shopping centers, churches, restaurants, local parks and community events.

C. Applicant and Administrator Qualifications

The applicant is South Torch Assisted Living, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/28/17. 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 Board of Directors of South Torch Assisted Living , L.L.C. has submitted documentation appointing Ashley Dull as Licensee Designee for this facility and Christine Wellinger as the Administrator of the facility.

A criminal history background check was conducted for the Licensee Designee and Administrator. They have been determined to be of good moral character. The Licensee Designee and Administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant 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 12 bed facility is adequate and includes a minimum of 1 staff to 12 residents per shift during awake hours and 1 staff to 12 residents during sleeping hours. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training suitability 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), and the related documents required to be maintained in each employees 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 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 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 volunteer and the retention schedule for all of the documents contained within each 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 written discharge 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

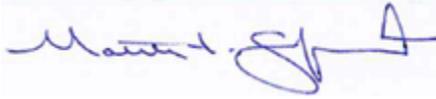
The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident in order to document the date and 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.

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 temporary license to this adult foster care medium group home (capacity 12).



06/07/2019

Matthew Soderquist
Licensing Consultant

Date

Approved By:



06/07/2019

Jerry Hendrick
Area Manager

Date