



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

March 25, 2016

Nancy Harns  
Williamston Compassionate Care, LLC  
3800 Vanneter Rd  
Williamston, MI 48895

RE: Application #: AM330380484  
Williamston Compassionate Care, LLC  
3800 Vanneter Rd  
Williamston, MI 48895

Dear Ms. Harns:

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 "Dawn Timm".

Dawn N. Timm, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5675

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM330380484

**Licensee Name:** Williamston Compassionate Care, LLC

**Licensee Address:** 3800 Vanneter Rd  
Williamston, MI 48895

**Licensee Telephone #:** (517) 204-2480

**Administrator/Licensee Designee:** Nancy Harns

**Name of Facility:** Williamston Compassionate Care, LLC

**Facility Address:** 3800 Vanneter Rd  
Williamston, MI 48895

**Facility Telephone #:** (517) 204-2480

**Application Date:** 11/21/2015

**Capacity:** 12

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

11/21/2015	On-Line Enrollment
12/02/2015	Inspection Report Requested - Health Inv. #1025046
12/02/2015	Inspection Report Requested - Fire
12/02/2015	Contact - Document Sent Fire Safety String
12/02/2015	Contact - Document Sent Rules & Act booklets
12/02/2015	Application Incomplete Letter Sent Rec cl for Nancy & admin
12/14/2015	Contact - Document Received Rec cl for Nancy H (LD & admin)
03/14/2016	Inspection Completed On-site
03/14/2016	Inspection Completed-BCAL Sub. Compliance
03/15/2016	Contact - Document Received Documents received verifying compliance of rules cited on 3/14/16
03/21/2016	Contact- Document Received
03/21/2016	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Williamston Compassionate Care is a 12 bed AFC facility located in the city of Williamston, Michigan. The building is a single story, ranch style construction with a partially finished basement. This facility is currently licensed for six residents but has undergone conversion from a six bed AFC facility to a 12 bed AFC facility. There are eight resident bedrooms, a large resident living located off of the main entrance to the facility, another large dining/activity area located in the back of the facility, three full bathrooms, two half bathrooms, laundry room, kitchen and an open front porch area for resident to sit and enjoy the outdoors. Although the front porch is equipped with a wheelchair accessible ramp and other areas within the facility itself are wheelchair accessible, there is not a secondary exit that is wheelchair accessible at this time. Therefore, the facility is not wheelchair accessible. Licensee designee Nancy Harns

plans to install a second wheelchair ramp off of the back exit once the weather allows, which will be inspected and the status of the wheelchair accessibility will be re-evaluated at that time.

The Ingham County Health Department conducted an on-site inspection on 12/8/2015 and again on 12/15/2015 and found the facility to be in substantial compliance with all applicable rules. The facility utilizes public water and public sewage disposal systems.

The furnace room is located in the basement of the facility and is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The facility is heated with natural gas and the furnace was newly purchased, installed, and inspected in 2015. I reviewed the inspection stickers affixed to the new furnace during the on-site inspection on 03/14/2016.

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 on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment and the facility is fully sprinkled. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
One	14'4" x 11'0"	157.63 square feet	Two residents
Two	9'8" x 9'6"	91.77 square feet	One resident
Three	9'3" x 13'0"	120.25 square feet	One resident
Four	9'10" x 9'2"	90.14 square feet	One resident
Five	11'3" x 9'0" + 2'3" 5'6"	113.63 square feet	One resident
Six	12'0" x 21'6"	259.2 square feet	Two residents
Seven	15'4" x 10'9"	164.80 square feet	Two residents
Eight	14'0" x 11'0"	154 square feet	Two Residents
Front Living Area	11'9" x 10'0" + 10'6" x 17'0"	296 square feet	

Dining/activity Area	16'8" x 27'3"	454 square feet	
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The indoor living and dining areas measure a total of 751 square feet of living space. This meets/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 at least 50 years of age, including those who fit into the aged program type or who have Alzheimer's disease or related conditions. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Ingham County DHS, Tri-County Office on Aging 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 community events, parades, fairs, the local library, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

**C. Applicant and Administrator Qualifications**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents as this is a current active, successful AFC business that is increasing its capacity due to its success and need to expand.

The applicant is Williamston Compassionate Care, L.L.C., a "Domestic Limited Liability Company", established in Michigan on 11/29/2004. The applicant submitted a current financial statement for the existing LLC and established an annual budget projecting expenses and income for the newly expanded 12 bed facility to demonstrate the financial capability to operate this adult foster care facility.

The members of Williamston Compassionate Care, L.L.C. have submitted documentation appointing Nancy Harns as the licensee designee and the administrator of the facility.

Criminal history background checks of Nancy Harns were completed and she was determined to be of good moral character to provide licensed adult foster care. Mrs. Harns submitted a statement from a physician documenting her good health and current negative tuberculosis test result.

Mrs. Harns provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. Harns has worked as the administrator and licensee designee of an AFC since 2002. She has worked in all aspects of the business besides the administrative pieces, Mrs. Harns works daily providing direct care to residents, interacting with residents regularly, checking/passing medications, talking with residents' physicians, and addressing any resident or family member cares and concerns. Professionally, Mrs. Harns is trained as a registered nurse and worked for many years as a hospice nurse. Consequently, she tries as much as possible to work with residents through any challenges so they do not have to go through the trauma of moving and can enjoy this facility as their final home. Mrs. Harns has worked with individuals who are aged and need assistance simply due to consequences of aging and she has worked with individuals who have been diagnosed with Alzheimer's disease and other related conditions.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of two staff for 12 residents per shift except during the nighttime shift which will have one awake staff member. 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 resident needs.

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 acknowledges 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](http://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 acknowledge 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(s) 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 main floor of the facility

**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 group home with a capacity of twelve residents.



03/22/2016

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Dawn N. Timm  
Licensing Consultant

Date

Approved By:



03/25/2016

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Betsy Montgomery  
Area Manager

Date