



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 27, 2019

Natosha Gordon and Charles Gordon
6614 Parker Lane
Newberry, MI 49686

RE: Application #: AF480398327
Gordon Family Home
6614 Parker Lane
Newberry, MI 49686

Dear Mr. and Mrs. Gordon:

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 2 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF480398327
Applicant Name:	Natosha Gordon and Charles Gordon
Applicant Address:	6614 Parker Lane Newberry, MI 49686
Applicant Telephone #:	(906) 291-1653
Administrator/Licensee Designee:	N/A
Name of Facility:	Gordon Family Home
Facility Address:	6614 Parker Lane Newberry, MI 49686
Facility Telephone #:	(906) 322-7339
Application Date:	02/01/2019
Capacity:	2
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

02/01/2019	Enrollment
02/14/2019	Application Incomplete Letter Sent needs fingerprints
03/27/2019	Contact - Telephone call made I spoke to Charles Gordon regarding the change of address on his driver's license. Scheduled an on -site
03/29/2019	Contact - Document Received I received a copy of the change of address and sent to Dawn for SOS clearance
04/04/2019	Inspection Completed On-site
04/04/2019	Application Incomplete Letter Sent
04/04/2019	Contact-Document Sent I emailed Jim Elenbaas with Bureau of fire services and verified that the home has an acceptable heat plant. He stated that it is an acceptable based on manufactures specifications. It meets fire safety requirements for being located on the same level as resident rooms.
06/27/2019	Inspection Completed-Env. Health : A 1029128
08/04/2019	Contact - Document Received Received draft of policies. Made suggestions
08/26/2019	Contact - Document Received Received revised policies
08/26/2019	Application Complete/On-site Needed
09/04/2019	Inspection Completed On-site
11/19/2019	Contact - Document Received I received an email from Dawn verifying that the responsible persons address has been updated with the SOS
11/26/2019	Contact – Document Received I received verification that the furnace has been inspected.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a single-story ranch home. The home is located in Newberry Michigan, in Upper Michigan's (Luce County). The home is a 10-minute drive to downtown but in a residential neighborhood. It is close to medical facilities, shopping centers and recreational opportunities.

The home has four bedrooms but at this time we are only licensing 1 of the bedrooms for double occupancy. The home has 2 bathrooms and one of the bathrooms adjoins the resident bedroom. The Gordons are building an addition onto the home to allow for more resident rooms in the future.

Bedroom 1 located on the NW corner 12.5' x13.5' or 169 sq. feet Double Occupancy

Dining room is 16'x13' or 208 sq. feet

Livingroom is 18' x 12.5' or 225 sq. feet

The furnace is located on the main floor of the home and meets the requirements of fire safety. The furnace was inspected and approved by a licensed contractor on November 20, 2019.

The home has 2 means of egress but is not wheelchair accessible.

B. Program Description

The home provides 24-hour supervision, protection and personal care for up to 2 residents over the age of 18 who are diagnosed as aged or developmentally disabled. The home will have at least one staff person on site when there are residents in the home.

Mr. and Mrs. Gordon have provided their program statement, admission and discharge policies and the house rules. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The home will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The Gordons have 3 young children and as part of their program statement will not accept residents with a history of aggression.

C. Applicant and Administrator Qualifications

The Licensees, Natasha and Charles Gordon are a married couple. A licensing record clearance was completed for both with no exclusionary findings. The couple have both submitted medical clearance documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability

to work with or around vulnerable adults. The applicants have provided documentation to satisfy the qualifications and training requirements.

Mr. and Mrs. Gordon acknowledge an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicants have provided documentation to satisfy the qualifications and training requirements identified in the family home administrative rules.

The applicants acknowledge 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 applicants acknowledge an understanding of the administrative rules regarding medication procedures and that only those staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the applicants have indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained. The applicant acknowledges responsibility to obtain all required documentation and signatures that are to be completed prior to each staff or volunteer working with residents. In addition, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

The applicants acknowledge an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an 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 applicants acknowledge their responsibility to obtain all of the required 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. In addition, 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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicants are in compliance with the licensing act and applicable administrative rules related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 2).

Laura Mohrman

11/27/2019

Laura Mohrman
Licensing Consultant

Date

Approved By:

Mary Holton

11/27/2019

Mary E Holton
Area Manager

Date