



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 14, 2020

Corinthia Calhoun
Healing Rivers LLC
1537 Stanlake Dr
East Lansing, MI 48823

RE: Application #: AS330399006
Healing Rivers LLC
1210 Stonegate
East Lansing, MI 48823

Dear Ms. Calhoun:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9724

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330399006
Licensee Name:	Healing Rivers LLC
Licensee Address:	1537 Stanlake Dr East Lansing, MI 48823
Licensee Telephone #:	(517) 214-0646
Administrator/Licensee Designee:	Corinthia Calhoun
Name of Facility:	Healing Rivers LLC
Facility Address:	1210 Stonegate East Lansing, MI 48823
Facility Telephone #:	(517) 721-1426
Application Date:	03/28/2019
Capacity:	6
Program Type:	MENTALLY ILL AGED

II. METHODOLOGY

03/28/2019	On-Line Enrollment
03/28/2019	On-Line Application Received - Original
03/28/2019	On-Line Fee Received - Original
03/28/2019	On-Line Application Incomplete Letter Sent App; Valid corp; IRS ltr; 1326A, FPs, & RI-030 for Corinthia; AFC 100 for Admin
04/16/2019	Comment FPs for Corinthia (LD & Admin)
04/16/2019	Contact - Document Received App; IRS ltr; cl's & RI-030 for Corinthia (LD & Admin)
04/17/2019	Contact - Document Received App corrected #45, 46, & 47
04/18/2019	File Transferred To Field Office- Lansing
06/05/2019	Application Incomplete Letter Sent Assigned to New Licensing Consultant.
07/09/2019	Contact - Telephone call received LD Corinthia called with questions about letter.
07/09/2019	Contact - Telephone call received LD reports that this address is not the correct address for the AFC, she rented a different house.
07/10/2019	Contact - Document Received Updated application received; correction made to street address.
07/18/2019	Contact - Telephone call received LD wanted to know where to fax documents.
09/06/2019	Contact - Telephone call made PC with Corinthia Calhoun. Resending app incomplete letter with items outstanding.
11/27/2019	Inspection Completed On-site
12/18/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Healing Rivers LLC is in East Lansing, Michigan. The facility is a ranch duplex styled home. The facility consists of three resident bedrooms, a living room, dining area, kitchen, two full bathrooms one inside one bedroom. The basement of the facility consists of a laundry room, living/day room and two bedrooms. The basement bedrooms and living/day area room of the facility are not for resident use. The main floor of the home has one exit in the front and one exit leading to the garage and outside. The home utilizes the local public water supply and public sewage disposal system.

The gas furnace and water heater are in the basement of the home and is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The furnace in the facility was inspected on 03/20/2019 by Licensed Residential Builder Eric Kindlund and is in good working condition. The water heater in the facility has a relief valve.

The facility is equipped with an interconnected, hardwired smoke detection system with a battery back-up and is fully operational. Smoke detectors are installed near sleeping areas, in the basement, and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	18' by 13'	234 square feet	2
2	18' by 13'	234 square feet	2
3	21' by 10'	210 square feet	2

The indoor living and dining areas measure a total of 1080 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 six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care to six male and/or female residents between the ages of 18 to 100 years who are developmentally disabled, mentally ill or aged. 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 Community Mental Health Authority of Clinton, Eaton and Ingham Counties. If needed by residents, behavioral

management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, and any other personal interests expressed by residents and available within the community. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Healing Rivers, LLC which is a “Domestic Nonprofit Corporation” established in Michigan on 03/29/2019. Corinthia Calhoun will serve as the Licensee Designee and Administrator for the facility. The applicant submitted an annual budget and income to demonstrate the financial capability to operate this adult foster care facility. A criminal history clearance was completed on 04/09/2019 for Ms. Calhoun and no criminal convictions were found. Ms. Calhoun submitted medical clearance documentation showing no physical or mental health conditions that would limit her ability to work with dependent adults. Current negative TB tests were also obtained for Ms. Calhoun.

Ms. Calhoun has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Calhoun has owned and operated Shekinah Home Health Care, LLC which provides home based personal care to the aged and mentally ill population. Ms. Calhoun has experience in assisting individuals in performing activities of daily living such as grooming, dressing, personal hygiene, incontinence care, respite care and medication management.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 be awake during sleeping hours, if necessary.

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 applicants acknowledge 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 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 their responsibility to maintain a current resident record in the home for each resident and to follow the retention schedule for all 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 each resident be informed of their resident rights and provided with a copy of those rights. The applicants 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.

D. Rules or 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 temporary license to this AFC adult small group home with a capacity of six residents.

 01/10/2020

Dawn Campbell
Licensing Consultant

Date

Approved By:

 01/14/2020

Dawn N. Timm
Area Manager

Date