



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

August 9, 2016

Shelia Bowers
Mission Care LLC
PO Box 476
Davison, MI 48423

RE: Application #: AS250382491
Rose Cottage Senior Living
4146 N State Road
Davison, MI 48423

Dear Mrs. Bowers:

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) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250382491
Applicant Name:	Mission Care LLC
Applicant Address:	PO Box 476 Davison, MI 48423
Applicant Telephone #:	(810) 240-1257
Licensee Designee:	Shelia Bowers
Name of Facility:	Rose Cottage Senior Living
Facility Address:	4146 N State Road Davison, MI 48423
Facility Telephone #:	(810) 240-1257
Application Date:	04/13/2016
Capacity:	6
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED

II. METHODOLOGY

04/13/2016	Enrollment
04/18/2016	Contact - Document Received Bcal-569-C adult foster care application, BCAL-1326A for S. Bowers with MSP livescan fingerprint bk.dk. request and BCAL-3704-AFC med clearance with negative TB results.
04/19/2016	Comment Letter sent the need for Federal ID letter from the IRS.
04/19/2016	Contact - Document Sent rules and act sent
04/26/2016	Contact - Document Received Faxed from S.Bowers of MI LARA certificated of assumed name and copy of letter sent to IRS to change the name of the LLC from Team Care LLC to Mission Care LLC.
04/26/2016	Application Incomplete Letter Sent Need letter from IRS of name changed and clarification of new construction and water system type. Sent copy of application.
05/13/2016	Contact - Document Received Updated BCAL-569-C with corrections from original application, Federal IRS letter for Tax ID number.
05/16/2016	Inspection Report Requested - Health inv# 1025755
05/16/2016	File Transferred To Field Office Flint/Genesee
07/01/2016	Application Complete/On-site Needed
07/06/2016	Contact - Document Sent Email to Mary Bolton (health department) inquiring about health inspection date.
07/06/2016	Inspection Completed On-site
07/06/2016	Inspection Completed-BCAL Full Compliance
07/06/2016	Exit Conference
07/25/2016	Contact - Document Sent 2nd email to environmental health department requesting health inspection.

08/01/2016 Contact - Document Sent
3rd email to Mary Boulton requesting environmental health inspection.

08/02/2016 Inspection Completed-Env. Health : A

08/09/2016 Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a two-story home located in Davison, Michigan. This facility is within a short traveling distance of several community resources and businesses. This facility is equipped with a wheel chair ramp and a second means of egress opening to the ground level.

The hot water heater and furnace is housed in a mechanical room with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware in rooms that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Resident bedrooms are all located on the first floor and were measured during the on-site inspection and have the following dimensions:

Location	Dimensions	Square Footage	Capacity
Bedroom #1	18'X14'	252 sq. ft.	2
Bedroom #2	21'X13'	273 sq. ft.	1
Bedroom #3	23'X17'	391 sq. ft.	2
Bedroom #4	15'X14'	210 sq. ft.	1
Total Capacity = 6 residents			

The living, dining, and sitting room areas measure a total of 720 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 six (6) residents. It is the applicant'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 **six (6)** male or female aged 55 to 99 whose diagnosis is Alzheimer's, physically handicapped or aged in the least restrictive environment possible. This home can accommodate a resident who requires the use of a wheelchair. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. A separate program statement was submitted identifying the care and services to be provided to residents diagnosed with Alzheimer's disease and includes appropriate staffing patterns as needed and door and window alarms.

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 applicant will provide all transportation for program and medical needs. 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 including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Shelia Bowers. 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.

A licensing record clearance request was completed with no criminal convictions recorded for the applicant. The applicant submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative 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 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training 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), L-1 Identity Solutions™ (formerly Identix ®), 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 applicant, 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 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 applicant, 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 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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the 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 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 applicant was 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 small group home (capacity 1-6).

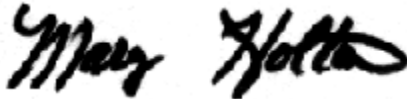


8/9/16

Kent W Gieselman
Licensing Consultant

Date

Approved By:



8/9/16

Mary E Holton
Area Manager

Date