



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 10, 2018

Dana Vining
2443 Owosso Street
Crystal, MI 48818

RE: Application #: AS340392587
Passionate Home Care
465 Pleasant Street
Hubbardston, MI 48865

Dear Ms. Vining:

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 (616) 356-0183.

Sincerely,

Megan Aukerman, MSW

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS340392587
Licensee Name:	Dana Vining
Licensee Address:	2443 Owosso Street Crystal, MI 48818
Licensee Telephone #:	(989) 763-3688
Administrator/Licensee Designee:	Dan Vining
Name of Facility:	Passionate Home Care
Facility Address:	465 Pleasant Street Hubbardston, MI 48865
Facility Telephone #:	(989) 763-3688
Application Date:	02/12/2018
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/12/2018	On-Line Enrollment
02/12/2018	On-Line Application Incomplete Letter Sent App; rec cl, FP's, RI-030 for Dana (LD & Admin); Valid corp
02/13/2018	Contact - Document Sent Rule & Act booklets
02/15/2018	Contact - Document Received App - not a corporation
02/20/2018	Contact - Document Received Rec cl & RI-030 for Dana
02/20/2018	Lic. Unit file referred for background check review Dana (LD & Admin)
02/20/2018	Inspection Report Requested - Health Inv. #1027980
03/06/2018	Application Incomplete Letter Sent
03/10/2018	Application Complete/On-site Needed
03/22/2018	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two story home located in the rural town of Hubbardston. The main floor of the facility consists of a kitchen, dining area, large living room, two full size bathrooms, enclosed porch and five resident bedrooms. The second floor of the facility is used for staff and not for resident use. The facility is not wheelchair accessible. The facility has two approved means of egress. The facility utilizes public water and a private sewage systems which has been approved by the Ionia County Health Department.

The hot water heater and furnace are located in the basement of the facility. The basement and main floor are separated with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational, which was tested upon the final inspection on 03/22/2018 and worked properly. There at least one operable A-B-C fire extinguisher attached to the wall and are easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home's telephone, which residents will have reasonable access to.

This home was owned and operated as an adult foster care home under the name Cheryl Ackley AFC (license AS340079453) from 03/01/1998 until the date of this license (Passionate Home Care) issuance.

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

Room #	Room Dimensions	Total Square Footage	Number of Residents
1	10'5" X 8'4"	88.5	1
2	10'5" X 7'86"	82.5	1
3	12' X 8'38"	100.5	1
4	14' X 12'07"	169	2
5	10' X10'	100	1

The living and dining room areas measure a total of 738 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** 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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. 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. The applicant intends to accept residents primarily from the Right Door for Hope and Recovery as a referral source.

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 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

Passionate Home Care LLC is a domestic limited liability company established by Dana Vining on 11/27/2017. 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 LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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 employee’s 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 directly with residents. In addition, the applicant acknowledges their 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 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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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 residents' personal money transactions that have been agreed to be managed by the applicant.

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 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 at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 6).

Megan Aukerman, MSW

04/10/2018

Megan Aukerman
Licensing Consultant

Date

Approved By:

Jerry Hendrick

04/10/2018

Jerry Hendrick
Area Manager

Date