



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 7, 2020

Sheri Boughton
St. Joseph Community Co-Op, Inc.
501 W. Lafayette Street
Sturgis, MI 49091

RE: Application #: AS750404595
Moorepark Home SJCC
17197 Moorepark Road
Three Rivers, MI 49093

Dear Ms. Boughton:

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 4 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 black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS750404595
Applicant Name:	St. Joseph Community Co-Op, Inc.
Applicant Address:	501 W. Lafayette Street Sturgis, MI 49091
Applicant Telephone #:	(269) 659-4525
Licensee Designee:	Sheri Boughton
Administrator	Candace Schroeder
Name of Facility:	Moorepark Home SJCC
Facility Address:	17197 Moorepark Road Three Rivers, MI 49093
Facility Telephone #:	(269) 659-4525 05/19/2020
Application Date:	
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/19/2020	Enrollment
05/26/2020	Application Incomplete Letter Sent Updated app; add'l \$25; 1326 for Sheri (LD); AFC 100 for Candace (Admin)
05/26/2020	Contact – Document Received 1326 for Sheri (Krysti)
05/27/2020	Contact – Document Received App – Updated; IRS ltr; AFC 100 for Candace
06/04/2020	Contact – Document Received Add'l \$25; Ck #18930
06/04/2020	Inspection Report Requested – Health Inv. #1030639
07/16/2020	Contact Document Received- Policies and Procedures.
07/16/2020	Contact Document Received- Property Deed, TB Results, Medical Clearance.
07/16/2020	Contact Document Received- Emergent Exit Plan, Job Descriptions.
07/16/2020	Contact Document Received- Admission and Discharge Policy.
07/23/2020	Application Incomplete Letter Sent.
09/23/2020	Contact Document Received- Floor Plan.
09/23/2020	Contact Document Received- Budget, Proposed Staffing Pattern, Organizational Chart.
10/06/2020	Inspection Completed On-site
10/12/2020	Contact- Confirming Letter Sent.
10/23/2020	Contact Document Received- Environmental Health Report “A” Rating.
11/10/2020	Inspection Completed On-site
11/24/2020	Inspection Completed – Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a single-story, three-bedroom, brick-sided ranch style home located in the rural northwestern area of the city of Three Rivers. There are numerous restaurants and stores located within five miles of the home. Three Rivers Health Hospital is located approximately six miles from the home. US-131 is less than one mile from this facility.

The home is located on a large rural property with a two-lane paved driveway providing ample parking for visitors and staff members. The kitchen, dining room, family room, activity room, three bedrooms, one full bathroom and one-half bathroom are located on the main floor. A large sunroom and patio are accessible from garage. The backyard of this facility is enclosed with a chain link fence. This home is not wheelchair accessible. This home utilizes a public water supply and private sewage disposal system. The home was found to be in full compliance with environmental health rules after an inspection with the Branch Hillsdale Health Department on 10/01/2020.

The gas furnace and hot water heater are located in the basement of the home, enclosed in room constructed of standard building material and accessible by a door equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. Access to this basement is located between the kitchen and activity room. The applicant provided documentation that the furnace was inspected and is in good working condition by a licensed professional on 03/20/2020.

The facility is equipped with an interconnected hardwired smoke detection system which is inspected and is in good working condition by a licensed professional on 04/28/2020. Smoke detectors are located in all sleeping areas, the basement and in all areas with 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	10'10" X 10'8"	115	1
2	11'5" X 12'4"	140	2
3	11' X 10'10"	119	1

The indoor living and dining areas measure a total of 444 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 **four (4)** 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 four (4) male and/or female ambulatory adults whose diagnosis is developmentally disabled and/or mentally ill, 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. Residents will be referred primarily from St. Joseph Community Mental Health.

In addition to the above program elements, it is the intent of the applicant to make provisions 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. The licensee will provide all transportation for resident programs and medical needs. 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 St. Joseph Community Co-Op, Inc., which is a "Non-Profit Corporation", was established in Michigan, on 03/08/2006. 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. The Board of Directors of St. Joseph Community Co-Op, Inc. have submitted documentation appointing Sheri Boughton as Licensee Designee and Candace Schroeder as administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Sheri Boughton and Candace Schroeder. Sheri Boughton and Candace Schroeder submitted medical clearance requests with statements from a physician documenting their good health and current TB negative results.

Sheri Boughton and Candace Schroeder have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Sheri Boughton previously oversaw skill building services provided to both the mentally ill and developmentally disabled. Candace Schroeder previously worked as a direct care staff in an adult foster care facility and has provided direct care services to both the mentally ill and developmentally disabled populations for several years.

The staffing pattern for the original license of this four-bed facility is adequate and includes a minimum of one staff to four residents per shift. All staff will be awake during resident sleeping hours. 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 acknowledged 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 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 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/authorization for each resident on an annual or as needed 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 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 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 family home with a capacity of four residents.



12/03/2020

Eli DeLeon
Licensing Consultant

Date

Approved By:



12/07/2020

Dawn N. Timm
Area Manager

Date