



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 9, 2021

Corey Rush
House of Helping Hands AFC LLC
57501 County Rd 365 N
Lawrence, MI 49064

RE: Application #: AS800401615
House Of Helping Hands AFC LLC
57501 County Rd 365 N
Lawrence, MI 49064

Dear Mr. Rush:

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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800401615
Licensee Name:	House of Helping Hands AFC LLC
Licensee Address:	57501 County Rd 365 N Lawrence, MI 49064
Licensee Telephone #:	(269) 674-3003
Administrator	Corey Rush
Licensee Designee:	Corey Rush
Name of Facility:	House Of Helping Hands AFC LLC
Facility Address:	57501 County Rd 365 N Lawrence, MI 49064
Facility Telephone #:	(269) 674-3003
Application Date:	09/13/2019
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

09/13/2019	On-Line Enrollment
09/17/2019	Contact - Document Sent Act booklet
10/04/2019	Contact - Document Received App; IRS ltr; 1326 & RI-030 for Corey & Jacqueline; AFC 100's for Corey (Admin) & Lillie
10/04/2019	Inspection Report Requested - Health Inv. #1029850
10/14/2019	Application Incomplete Letter Sent Sent via email
11/20/2019	Inspection Completed-Env. Health : A
09/03/2020	Contact - Document Sent Sent 10 day letter requesting to know if applicant is still interested in licensure.
09/10/2020	Contact - Telephone call received Received voicemail from facility home manager, Jackie Rush. She stated they were still interested in opening the facility.
09/17/2020	Contact - Telephone call made Due to annual leave, I was unable to return voicemail until today. Spoke to Ms. Rush. She would provide me with documentation for facility via email.
01/19/2021	Contact - Document Sent Sent a 2nd 10 day still interested letter due to not hearing from anyone.
01/28/2021	Contact - Telephone call received Call from Jackie Rush. Still interested in licensure. Will email documents over.
03/05/2021	Contact - Document Received Received requested documents for licensure
03/15/2021	Contact - Telephone call made Scheduled initial onsite for 3.25.21
03/25/2021	Inspection Completed On-site
03/25/2021	Application Complete/On-site Needed

03/29/2021	Contact - Document Sent Sent via email the confirming ltr, copies of the BCHS 100, info on WBC (fingerprints), and training.
06/18/2021	Inspection Completed-BCAL Sub. Compliance
06/18/2021	Confirming Letter Sent
06/25/2021	Contact - Telephone call received Ms. Rush requested follow-up on-site
07/08/2021	Inspection Completed On-site Completed follow up onsite
07/08/2021	Inspection Completed-BCAL Sub. Compliance
07/12/2021	Confirming Letter Sent
07/16/2021	Contact – Document Received Received documentation regarding knotty pine in basement, additional resume info and verification of required trainings.
07/20/2021	Contact – Document Sent Email to licensee designee informing him there was training for foster care or communicable diseases.
07/22/2021	Contact – Document Received Received additional trainings.
07/27/2021	Contact – Document Sent Sent via email the document notifying property owner, Jacqueline Rush, the documents needed to make her the co-licensee designee.
07/27/2021	Inspection Completed – BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home with a finished basement located in rural Lawrence, Michigan close to I-94 highway. The facility is on several acres of land and due to its location, it utilizes a private water and septic system. On 11/20/2019, Van Buren County Health Department determined the facility was in compliance with all applicable

environmental health rules and regulations. The facility also has a large screened in gazebo on the front lawn, providing prospective residents the ability to be outside in a comfortable environment.

The facility is not wheelchair accessible but does have a ramp to the front door. Upon entering the facility, it opens to the facility's dining room, living room and kitchen. There is also a hallway to the left where three resident bedrooms are located and a resident bathroom. This resident bathroom has a shower (no tub), toilet and sink. Off the dining room are sliding doors to a back deck; however, this area is not wheelchair accessible to the back yard. The living room has a gas fireplace; however, the applicant indicated this will not be used.

Past the kitchen and dining room is another hallway where an additional two resident bedrooms are located, as well as, the homeowner's bedroom, which has an en-suite bathroom. The applicant indicated these additional two bedrooms may also be utilized by the facility's Administrator/Licensee Designee to reside in and/or storage for the homeowner. There is an additional resident bathroom down the hallway that includes a wheelchair accessible shower (no tub), toilet, and sink. Beyond this hallway is an additional small kitchen area, storage, and laundry.

There is a basement to the facility; however, this area will not be accessible to residents. The basement is primarily a large open space; however, there are multiple rooms that can be used for storage. The applicant indicated he may also utilize one of these rooms to reside in. From the basement, there is at grade door leading to the back of the facility. The basement contains knotty pine on the walls and ceiling tiles; however, the applicant submitted documentation indicating these items are at least a Class C rating and meet the rule requirements for interior finishes.

The gas furnace and hot water heater are located in the basement with a 1 ¾ inch solid core door and is equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs.

The facility is equipped with ADT monitored smoke detectors that are connected into the facility's electrical system and have a battery backup. This system was installed by an ADT professional and is fully operational. ADT monitors the facility's smoke detectors and alerts ADT's command center when a smoke detector is triggered within the facility. An ADT dispatcher from the command center will contact the facility to verify the alarm and contact the local fire department, if needed. The system is interconnected, but only has one alarm, which can be heard throughout the house when a detector is triggered. This was demonstrated during initial on-site inspections and was functioning properly. Smoke detectors were observed in the living room, between resident bedrooms, in the hallway by the facility's garage, in the laundry room, in the basement at the bottom of the stairs, in the open area of the basement, and in the furnace room.

The facility's electrical and heating system were inspected on 06/21/2021 and 06/10/2021, respectively, and determined to be functioning properly.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'1" x 11'5"	149 sq ft	1 or 2
2	15'5" x 9'10"	151 sq ft	1 or 2
3	11'7 x 10'9	124 sq ft	1
4	10'6" x 12'	133 sq ft	1
5	10'6" x 11'7"	121 sq ft	1

The living, dining, and sitting room areas measure a total of 887 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 who are aged, 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 from local Department of Health and Human Services, Area Agency on Aging, and private pay individuals, as potential referral sources.

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, as agreed upon in the resident's Resident Care Agreement. 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, but not limited to, local libraries and parks, museums, zoos, shopping centers, concerts in the park, and movie theaters.

C. Applicant and Administrator Qualifications

The applicant is House of Helping Hands AFC, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 09/12/2019. 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 sole member of House of Helping Hands AFC, L.L.C., Corey Rush, who is also the facility's Licensee Designee and Administrator.

A criminal history check was conducted and determined that applicant is of good moral character and eligible for employment in a licensed adult foster care facility. Corey Rush submitted a statement from a physician documenting his good health and current TB test negative results. The licensee designee/administrator, Mr. Rush, provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. He has experience working as a caregiver to his elderly grandmother for over a year and working in resident care at a local adult day program.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff 6 residents per shift. The applicant acknowledges 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 direct care staff will be awake during sleeping hours.

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

The applicant acknowledged 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 acknowledged 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 acknowledged their 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

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 with a capacity of six residents.



08/05/2021

Cathy Cushman
Licensing Consultant

Date

Approved By:



08/09/2021

Dawn N. Timm
Area Manager

Date