



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 29, 2017

Laura Hatfield-Smith
ResCare Premier, Inc.
Suite 1A
6185 Tittabawassee
Saginaw, MI 48603

RE: Application #: AS780389700
Res-Care Premier Raymond
715 Raymond Road
Owosso, MI 48867

Dear Ms. Hatfield-Smith:

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 six (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 cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure



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

I. IDENTIFYING INFORMATION

License Application #: AS780389700

Applicant Name: ResCare Premier, Inc.

Applicant Address: 9901 Linn Station Road
Louisville, KY 40223

Applicant Telephone #: (989) 791-7174

Licensee Designee: Laura Hatfield-Smith

Administrator: Laura Hatfield-Smith

Name of Facility: Res-Care Premier Raymond

Facility Address: 715 Raymond Road
Owosso, MI 48867

Facility Telephone #: (989) 791-7174

Application Date: 07/28/2017

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL



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II. METHODOLOGY

07/28/2017	Enrollment
08/04/2017	Inspection Report Requested - Health Inv #1027300
08/04/2017	Contact - Document Sent Rule & Act booklets
08/09/2017	Application Incomplete Letter Sent
10/17/2017	Inspection Report Requested - Health Inv. #1027547
11/02/2017	Application Complete/On-site Needed
11/03/2017	Inspection Completed On-site
11/03/2017	Inspection Completed-BCAL Full Compliance
11/03/2017	Exit Conference with Laura Hatfield-Smith
11/07/2017	PSOR on Address Completed no offenders at address.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

ResCare Premier Raymond, is a single-story, ranch style facility that is located in the Township of Owosso. The facility has four resident bedrooms, two full resident bathrooms, a dining area, kitchen, living room, staff office, medication room, laundry room, and basement. The facility is not wheelchair accessible as the back entrance is the only accessible means of egress that contains a wheelchair ramp. The facility has ample parking for resident guests and facility employees. The home utilizes private water supply and private sewage disposal system. This facility was inspected by the Mid-Michigan Health Department on 10/24/2017 and was in substantial compliance.



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The facility is equipped with one gas forced heat furnace and a water heater, both of which are located in the basement of the facility which is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The facility also has central air conditioning.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'6x9'9	112.13	1
2	18'5x11'6	220.08	2
3	15'3x13'10 and 4'11x4'2	231.73	2
4	9'12x9'2 and 2'10x9'10	119	1
Staff Office	10'7x7'4	77.61	0
Medication Room	10'7x6'2	66.15	0
Living room	15'10x22'3	362.83	0
Dining room	25'5x14'3	360.07	0
Kitchen	10'5x17'8 and 3'1x3'1	193.79	0

The indoor living and dining areas measure a total of 2,116.76 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are diagnosed with a developmentally disability or mental illness. The program has weekly house meetings with the residents where the daily actives and menu are planned. The facility rotates attendance at local churches, utilizes the community library, shopping venues, restaurants and Michigan Works. The facility goes bowling, watches movies, plays board games, has Bible studies, bakes,



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does nail care and has a new 15 passenger van for transportation. These programs and activities will utilize resources to provide an environment to enhance the quality of life of residents.

The applicant intends to work closely with Community Mental Health (CMH) and accept residents with Supplemental Security Income (SSI).

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

C. Applicant and Administrator Qualifications

The applicant is ResCare Premier, Inc., a "For Profit Corporation", established in Michigan on November 18, 2003. 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 ResCare Premier, Inc. appointed Laura Hatfield-Smith as licensee designee and administrator for this facility.

Criminal history background checks of the applicant and administrator were completed and she was determined to be of good moral character to provide licensed adult foster care. The applicant and administrator, Laura Hatfield-Smith, submitted statements from a physician documenting her good health and current negative tuberculosis test results.

The licensee designee/administrator provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. Hatfield-Smith, licensee designee and administrator, has worked with the developmentally disabled and mentally ill population for the past thirty three years. Mrs. Hatfield-Smith is currently the licensee designee and administrator for thirteen other small facilities and has been employed with the same company since 2004. Mrs. Hatfield-Smith provided an organization chart and explained that the administrative team consists of five individuals: a Human Resource Specialist that hires and trains direct care staff, a program manager who is in the facility once a month, area supervisor who is in the facility twice a month, a residential manager who is the facility forty hours a week and Mrs. Hatfield-Smith as the licensee designee/administrator completes all assessments, screenings and admissions. She has completed all of the required trainings and utilizes all of the above supportive staff to assure that all facilities run smoothly.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two staff for six residents for the first and second shift, third shift



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will start with one staff and may be increased to two. 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.

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 acknowledges 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, Mrs. Hatfield-Smith, 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.



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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's 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 will 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.



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IV. RECOMMENDATION

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

11/13/2017

Julie Elkins
Licensing Consultant

Date

Approved By:

11/29/2017

Dawn N. Timm
Area Manager

Date