



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 8, 2021

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

RE: Application #: AS730409635
ResCare Premier Winfield
3595 Winfield
Saginaw, MI 48603

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 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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730409635
Applicant Name:	ResCare Premier, Inc.
Applicant Address:	9901 Linn Station Road Louisville, KY 40223
Applicant Telephone #:	(989) 791-7174
Administrator:	Laura Hatfield-Smith
Licensee Designee:	Laura Hatfield-Smith
Name of Facility:	ResCare Premier Winfield
Facility Address:	3595 Winfield Saginaw, MI 48603
Facility Telephone #:	(989) 791-7174
Application Date:	07/26/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/26/2021	Enrollment Online Application Download Failure
07/27/2021	Application Incomplete Letter Sent 1326 & AFC100 for Laura
07/27/2021	Contact - Document Sent 1326 & AFC100
08/24/2021	Application Incomplete Letter Sent
10/15/2021	Inspection Completed On-site
10/18/2021	Contact - Document Received Receive furnace inspection report
11/04/2021	Application Complete/On-site Needed
11/04/2021	Inspection Completed-BCAL Full Compliance
11/08/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 3595 Winfield, Saginaw, MI is owned being leased by ResCare Premier, Inc. ResCare Premier Winfield is located in the Township of Saginaw, Saginaw, County. ResCare Premier Winfield is in a residential subdivision with neighbors nearby. ResCare Premier is a single-story ranch style house that was built on a basement. The property includes a screened in porch that includes a front and a back yard. The facility has central air conditioning and public sewer and water. There is ample space for parking in the driveway and on the street.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching

hardware. The furnace was inspected and determined to be fully operational on August 3, 2021. The facility is equipped with interconnected, hardwire 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
SW #1	13' X 14'	182 sq. feet	2
SE #2	10' X 16'5"	165 sq. feet	1
SE #3	12' X 10'5"	126 sq. feet	1
NE #4	13'5" X 9'	121.5 sq. feet	1
NW #5	11'5" X 15'	172.5 sq. feet	1

The living, dining, and sitting room areas measure a total of 501 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The facility contains two living areas, kitchen, dining room, and two full bathrooms.

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 adults whose diagnosis is developmentally disabled, physically disabled or mentally impaired, ages 18+, in the least restrictive environment possible. The facility will accept wheelchair users. 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 from Community Mental Health Authority, hospitals, and nursing homes.

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

The applicant is ResCare Premier, Inc., which is a “For Profit Corporation” established in Michigan on 11/11/2003. 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. has submitted documentation appointing Laura Hatfield-Smith as Licensee Designee and Administrator of the facility. A licensing record clearance request was completed with no convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results. The licensee designee/administrator 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 2 or 3-staff-to-6 residents per shift during daytime hours and 1 or 2-staff-to-6 residents per shift during nighttime hours depending on the needs of the residents. 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.identogo.com) (Formerly L-1Enrollment, by Morpho Trust), and the related documents required to be maintained in each employee 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 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 licensee, administrator, and direct care staff or volunteer and the retention schedule for all 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

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 temporary license and special certification to this adult foster care small group home (capacity 1-6).

Kathryn Huber

11/04/2021

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary Holton

11/08/2021

Mary E Holton
Area Manager

Date