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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 17, 2022

Amy Owens
Colonial House West
1302 West Hughes St
Marshall, MI 49068

RE: Application #: AS130406524
**Colonial House West
1302 West Hughes St
Marshall, MI 49068**

Dear Ms. Owens:

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 cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130406524
Licensee Name:	Colonial House West
Licensee Address:	1302 West Hughes St Marshall, MI 49068
Licensee Telephone #:	(269) 789-1000
Licensee Designee:	Amy Owens
Administrator:	Amy Owens
Name of Facility:	Colonial House West
Facility Address:	1302 West Hughes St Marshall, MI 49068
Facility Telephone #:	(269) 789-1000 11/20/2020
Application Date:	
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

11/20/2020	On-Line Application Received-Original
11/20/2020	On-Line Fee Received-Original
11/20/2020	On-Line Enrollment
11/20/2020	On-Line Application Incomplete Letter Sent
11/23/2020	Inspection Report Requested – Health 1031061
12/09/2020	Inspection Completed-Env. Health: A
02/23/2021	Application Incomplete Letter Sent
03/30/2021	Inspection Completed On-site
04/28/2021	Confirming Letter Sent
04/02/2022	Inspection Completed On-site
04/11/2022	Contact-Document Received
04/12/2022	Contact-Document Received
05/26/2022	Inspection Completed BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Colonial House West is a two-story, wood frame house with a full basement located in the city of Marshall, MI a mile from downtown where there are numerous restaurants, parks, museums, and a hospital. The first floor includes six resident bedrooms, kitchen, two living rooms, dining room, and three full resident bathrooms. The second floor includes one bedroom used for storage and one full bathroom not for resident use. Residents will occupy the first floor only. The home has 2 approved means of egress that are equipped with wheelchair ramps from the first floor however only part of the first floor of the home is wheelchair accessible. The home has private water and sewer. An environmental health inspection was completed and approved on 12/09/2020 as the facility was found to be in full compliance with applicable environmental health rules.

The gas 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 located at top of stairs creating floor separation. A furnace inspection was completed on 4/30/2021. The facility is equipped with interconnected, hardwire smoke

detection system, with battery back-up, which was inspected by a licensed electrician on 10/04/2021 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	12"7' x 14"3'	181 sq. ft.	1
2	9"8' x 12'	117 sq. ft.	1
3	12' x 12'	144 sq. ft.	1
4	14' x 15"3'	214 sq. ft.	1
5	10 x 11"7'	117 sq. ft.	1
6	11"6' x 10"1'	117sq. ft.	1

The living, dining, and sitting room areas measure a total of 646 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 and non-ambulatory adults whose diagnosis is 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 Calhoun County-DHHS, Calhoun County CMH, and private pay 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

The applicant is Colonial House West, which is a “Domestic Limited Liability Company” was established in Michigan, on 1/26/2021. 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 Colonial House West have submitted documentation appointing Amy Owens as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no criminal convictions recorded for Ms. Amy Owens. Ms. Owens has submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Owens have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Owens has over 20 years of experience providing direct care to the aged population in a private home and community setting.

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 are to be completed prior to each direct care staff or volunteer working independently and directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each 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 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 resident's 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.

The applicant acknowledges 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 .



— Ondrea Johnson
Licensing Consultant

6/17/2022
Date

Approved By:



06/17/2022

Dawn N. Timm
Area Manager

Date