



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 5, 2022

Elizabeth Hooley
Sparrow Senior Living LLC
64720 Needham Rd
Burr Oak, MI 49030

RE: Application #: AS750409137
The Sparrow House
201 Broadus St
Sturgis, MI 49091

Dear Ms. Hooley:

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, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS750409137
Licensee Name:	Sparrow Senior Living LLC
Licensee Address:	64720 Needham Rd Burr Oak, MI 49030
Licensee Telephone #:	(269) 251-0584
Administrator:	Elizabeth Hooley
Licensee Designee:	Elizabeth Hooley
Name of Facility:	The Sparrow House
Facility Address:	201 Broadus St Sturgis, MI 49091
Facility Telephone #:	(269) 251-0584 06/17/2021
Application Date:	
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

06/17/2021	On-Line Application Incomplete Letter Sent 1326, RI030, AFC100 for Elizabeth. Tax ID Letter
06/17/2021	On-Line Enrollment
06/18/2021	Contact - Document Sent 1326, AFC100, RI030.
07/06/2021	Contact - Document Received 1326, RI030, & AFC100 for Elizabeth, Tax ID Letter.
07/22/2021	Application Incomplete Letter Sent
09/02/2021	Application Incomplete Letter Sent
09/13/2021	Contact - Document Received -Warranty of Deed.
09/13/2021	Contact - Document Received -Medical Clearance, BCAL-3704.
06/05/2022	Contact - Document Received -Training Documentation.
06/22/2022	Inspection Complete On-site
06/29/2022	Contact - Document Received -Mechanical Heat, Furnace Inspection.
06/29/2022	Contact - Document Received -Automatic Closure, Fire Door.
06/29/2022	Inspection Completed BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a newly remodeled single-story ranch home located in the City of Sturgis and approximately 1.9 miles from Sturgis Hospital. There are multiple restaurants and convenience stores, as well as several churches located within one mile of the home. Staff and visitor parking are located near the front entry of the home on a paved lot in addition to curbside parking.

On the main floor is one full bathroom, one half bath, a large great room, dining area, kitchen, and six resident bedrooms. Each of the six resident bedrooms are single,

private resident bedrooms. The home has a basement that will not be used by residents. A wheelchair accessible ramp is located at the front entrance of the home and extends across the length of the home to solid unobstructed ground. A second entrance/exit located behind the home includes a wheelchair accessible ramp that extends past the length of the home to solid unobstructed ground. The home is wheelchair accessible with these two approved means of egress. The home utilizes public water and sewage disposal system.

The gas furnace and water heater are in the basement which is accessible through the main floor great room. A 1 3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the basement from the great room, creating floor separation.

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	11'11" X 10'1"	120	1
2	11'11" X 10'1"	120	1
3	11'11" X 10'1"	120	1
4	11'11" X 10'1"	120	1
5	11'11" X 10'1"	120	1
6	11'6" X 10'1"	115	1

The indoor living and dining areas measure a total of 324 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 six 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 and/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. Residents will be referred primarily from Summit Pointe.

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.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including those listed above. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Sparrow Senior Living LLC, which is a “For Profit Corporation”, established in Michigan, on 05/03/2021. 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 Sparrow Senior Living LLC. have submitted documentation appointing Elizabeth Hooley as Licensee Designee and administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Elizabeth Hooley. Elizabeth Hooley submitted medical clearance requests with statements from a physician documenting her good health and current TB negative results.

Elizabeth Hooley provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Elizabeth Hooley is currently a licensed Physician Assistant and has experience providing direct care services to the aged populations for several years.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 indicated that direct care staff will be asleep 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 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 indicated resident medication will be stored in a locked cabinet and 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.

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 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 small group home with a capacity of six residents.



06/29/2022

Eli DeLeon
Licensing Consultant

Date

Approved By:



07/05/2022

Dawn N. Timm
Area Manager

Date