



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 25, 2023

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

RE: Application #:	AS440415941 ResCare Premier Branch 4781 North Branch Rd. North Branch, MI 48461
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Dear Laura 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) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS440415941
Applicant Name:	ResCare Premier, Inc.
Applicant Address:	9901 Linn Station Road Louisville, KY 40223
Applicant Telephone #:	(989) 791-7174
Administrator/Licensee Designee:	Laura Hatfield-Smith
Name of Facility:	ResCare Premier Branch
Facility Address:	4781 North Branch Rd. North Branch, MI 48461
Facility Telephone #:	(989) 791-7174
Application Date:	03/21/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Special Certification:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/21/2023	Enrollment
03/22/2023	Application Incomplete Letter Sent App Incomplete sent w/RI-030
03/22/2023	Contact - Telephone call received call received about requested documentation
03/22/2023	Contact - Document Received IRS Ltr
03/22/2023	File Transferred To Field Office
03/31/2023	SC-Application Received - Original
04/04/2023	SC-Application Received - Original
04/12/2023	Inspection Report Requested - Health
04/13/2023	Inspection Completed On-site
04/13/2023	SC-Inspection Completed On-Site
04/13/2023	Application Complete/On-site Needed
04/17/2023	PSOR on Address Completed No hits
04/17/2023	Application Incomplete Letter Sent
07/12/2023	Contact - Telephone call made I left a message for Lapeer County EHI requesting an update on the inspection report
07/24/2023	Inspection Completed-Env. Health: A A rating given on 07/19/23
07/24/2023	Inspection Completed-BCAL Full Compliance
07/24/2023	Recommend License Issuance
07/24/2023	SC-Inspection Full Compliance
07/24/2023	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

ResCare Premier Branch Adult Foster Care facility is located at 4781 North Branch Road in the township of North Branch, North Branch, Michigan. This is a ranch-style, 2,280 sq. ft manufactured home built in 2002. The home and land are owned by The Clarity Branch, LLC who is leasing the home and land to ResCare Premier Inc. The lease commenced on 02/01/23 and was signed for a period of three years with the option to release. Clarity Branch LLC provided a statement giving ResCare Premier permission to occupy this residence and operate an Adult Foster Care facility on the premises. ResCare Premier Inc. is a foreign profit corporation qualified in Michigan on 11/18/03. The home has a private well and sewer which were inspected by the Lapeer County Health Department on 07/19/23 and given an "A" rating.

There is a full basement which has a direct walk-out to the backyard. The basement is constructed of cinder block walls, drywall, and a drop ceiling. It is not intended for resident use. The home is located on a large parcel of land, just outside of the city of North Branch. The facility consists of a laundry/medication/furnace room, kitchen, dining room, large living room, five bedrooms and three bathrooms. All three bathrooms have a shower and/or tub and are equipped with safety bars. One of the bathrooms is between Bedroom #2 and #3 and is intended to be used by the occupants of those rooms. The other two bathrooms are commonly located and intended for all resident's use. The interior finishes of the home meet the requirements of R 400.14503. This home is not wheelchair accessible.

The kitchen is in the center of the home and is fully equipped with new appliances. The refrigerator and freezer are equipped with thermometers as is the overflow refrigerator and freezer in the basement. The oven/stove has an appropriate hood fan. The dining and living rooms have ample seating for all residents. The double-occupancy bedroom has a wardrobe and dresser for each resident. The other four bedrooms have large, walk-in closets. All bedrooms are adequately furnished with new mattresses and furniture and are suitable for resident use.

There are three independent, unobstructed means of egress, leading to the outside of this facility. The first exit is located at the west end of the facility and leads to a deck which has handrails on open sides of the steps. The second exit is off the north end of the living room and consists of sliding glass doors. This exit is not considered an emergency exit. The third exit is off the south end of the living room and leads to a deck which has handrails on open sides of the steps. The first and third exits are noted in the facility's evacuation plan. All exit doors and occupied doors are equipped with positive-latching, non-locking-against-egress hardware.

There is a fireplace in the living room which has been disabled. Additionally, the fireplace is blocked off with a large piece of plexiglass to ensure it cannot be used.

The furnace, hot water heater, and washer and dryer are located on the main floor, near the main entrance, in a fully enclosed room. This room is enclosed behind a 1 ¾ inch solid core door, with a 1-hour fire resistance rating and is equipped with an automatic self-closing device and positive latching hardware. The furnace, hot water heater, and central air conditioning unit were inspected on 09/01/22 by Scott Craig's All American Home Inspection, LLC and all were deemed to be in safe working condition. The dryer has a solid metal vent, which is directly vented to the outside. This room will be kept locked. The basement of the facility is not intended for resident use and does not include any heat producing equipment. The facility is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located on each floor of the facility and smoke detectors are in all bedrooms, in the basement, kitchen area, furnace/laundry room, as well as other locations throughout the facility. The licensee intends to keep the facility's cleaning supplies in an area that is not accessible to residents.

The bedrooms have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	14'5" x 12'8"	183 sq. ft.	2
#2	10'4" x 12'8"	131 sq. ft.	1
#3	11'3" x 11'	123 sq. ft.	1
#4	11'2" x 13'5"	150 sq. ft.	1
#5	11'3" x 11'2"	126 sq. ft.	1

The living and dining room areas measure a total of 867 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. Bedroom #1 is suitable for two residents and the rest of the bedrooms are single-occupancy rooms.

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, ages 18-99 whose diagnosis is developmentally disabled, mentally ill, and/or physically handicapped 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 from local agencies including Community Mental Health, the Department of Health and Human Services, and home health agencies.

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 ensure that the residents' medical needs are met and has transportation available for residents to access community-based resources and services. The facility will make provisions 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. Licensee Designee and Administrator Qualifications

The applicant is ResCare Premier, Inc. which is a foreign profit corporation qualified in Michigan on 11/18/03. The applicant submitted a financial statement and annual budget showing expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The applicant, ResCare Premier, Inc., named Laura Smith as the licensee designee and administrator. A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request 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 1-staff-to-6-residents per shift. Staff will remain awake during the nighttime shift.

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 Identigo website (www.identigo.com) by MorphoTrust USA and the related documents required to be maintained in each employees 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 room and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges her 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 her 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 of 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 her 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 her 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 her responsibility to obtain all 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 her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file. The applicant acknowledges her 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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. 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 AFC adult small group home with a capacity of 6.

Susan Hutchinson

July 25, 2023

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

July 25, 2023

Mary E. Holton Area Manager	Date
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