



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 28, 2023

Sandra Ziots-Boyle
3451 Main St.
AKRON, MI 48701

RE: Application #: AS790415926
Burnside Manor
208 W. Burnside St.
Caro, MI 48723

Dear Sandra Ziots-Boyle:

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,

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 #: | AS790416074 |
| Licensee Name: | Sandra Ziots-Boyle |
| Licensee Address: | 3451 Main St. Akron, MI 48701 |
| Licensee Telephone #: | (989) 670-8554 |
| Licensee Designee: | NA |
| Administrator: | Sandra Ziots-Boyle |
| Name of Facility: | Burnside Manor |
| Facility Address: | 208 W. Burnside St. Caro, MI 48723 |
| Facility Telephone #: | (989) 670-8554 |
| Application Date: | 04/04/2023 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODOLOGY

| | |
|------------|---|
| 04/04/2023 | On-Line Enrollment |
| 04/05/2023 | Application Incomplete Letter Sent sent w/1326a & RI-030 |
| 04/14/2023 | Contact - Document Received 1326 & RI-030 |
| 04/24/2023 | Comment request sent to have fingerprints added |
| 04/25/2023 | Comment Licensee will need to obtain correct prints. I will contact them and send RI-030 and Vendor list again. |
| 05/02/2023 | Contact - Telephone call received Sandra called to check status of RI-030 that was mailed |
| 05/04/2023 | Comment sent request to have fingerprints located if possible |
| 05/05/2023 | Contact - Document Received RI-030 and receipt |
| 05/10/2023 | PSOR on Address Completed |
| 05/23/2023 | Application Incomplete Letter Sent |
| 07/27/2023 | Inspection Completed On-site |
| 08/01/2023 | Contact - Document Received Received information from Sandra Boyle about the house |
| 08/04/2023 | Application Complete/ Onsite Needed |
| 08/04/2023 | Inspection Completed-BCAL Sub. Compliance |
| 08/04/2023 | Inspection Completed – BCAL – Full Compliance |
| 08/21/2023 | Contact - Document Received Picture of 1 3/4-inch fire door with self-closer |
| 08/28/2023 | Recommend License Issuance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 208 W. Burnside, Caro, MI 48723, is being purchased by Sandra Boyle and James Boyle. The facility is located in the City of Caro and situated on a paved street within the City of Caro. The home is a two-story house built on a basement in 1985. Burnside Manor is a brick house and is not barrier free. There is ample parking in the driveway and along the street in front of the facility.

Burnside Manor is heated with natural gas and has central air-conditioning. The downstairs consists of a living room, dining room, two bedrooms, and a full bathroom. The upstairs consists of one bedroom, an office, storage room, and a full bathroom. The six residents will have semi-private rooms. Burnside Manor has public water and sewer systems.

The furnace is a gas furnace and was inspected by a licensed contractor on August 17, 1023. It was determined to be fully operational. The furnace and hot water heater are located in the basement in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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 Downstairs | 12' X 13' | 156 sq. feet | 2 |
| #2 Downstairs | 11' X 13' | 143 sq. feet | 2 |
| #1 Upstairs | 12' X 14' | 168 sq. feet | 2 |

The living, dining, and sitting room areas measure a total of 476 square feet of living space. This exceeds the minimum of 35 square feet per resident 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 adults whose diagnosis is developmentally disabled, mentally ill, physically handicapped, or aged, ages 19 to 100, in the least restrictive environment possible. Wheelchair users will not be accepted. 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 hospitals, nursing homes, and Community Mental Health.

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/Statutory Violations

The applicant, Sandra Ziots-Boyle has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no lein convictions recorded for the applicant/administrator, Sandra Ziots-Boyle. The applicant/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant/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 one-staff-to six residents per shift, 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 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), L-1 Identity Solutions™ (formerly Identix ®), 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 cabinet and that daily medication logs will be maintained on each resident receiving medication.

Sandra Ziots-Boyle 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 acknowledged her responsibility to maintain a current employee record on file in the home for the licensee, 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.

Sandra Ziots-Boyle 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.

Sandra Ziots-Boyle acknowledges her 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 her 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 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

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 to this AFC adult small group home (capacity 1-6).

Kathryn Huber

08/28/2023

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary Holton

08/28/2023

Mary E. Holton
Area Manager

Date