



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 22, 2023

Lisa Clark
PO Box 188
Manistique, MI 49854

RE: Application #: AF550415463
Victorian Acres
W3585 Land Lane
Powers, MI 49874

Dear Lisa Clark:

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 cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF550415463
Licensee Name:	Lisa Clark
Licensee Address:	W3585 Land Lane Powers, MI 49874
Licensee Telephone #:	(231) 794-8920
Administrator/Licensee Designee:	N/A
Name of Facility:	Victorian Acres
Facility Address:	W3585 Land Lane Powers, MI 49874
Facility Telephone #:	(715) 587-7374
Application Date:	01/24/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED AGED MENTALLY ILL
Special Certification:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/24/2023	On-Line Enrollment
01/25/2023	Inspection Report Requested - Health 1033279
01/25/2023	PSOR on Address Completed
02/03/2023	Contact - Document Received AFC-100's, RI-030
02/14/2023	Comment Contacted licensee about address which is different than that of the home.
02/24/2023	Comment email rec'vd indicating that address was changed
03/06/2023	Comment request sent to have fingerprints uploaded
03/10/2023	Application Incomplete Letter Sent
07/26/2023	Application Complete/ Onsite Needed
07/26/2023	Inspection Completed/ BCAL Full Compliance
08/04/2023	Inspection complete Delta Menominee Health inspection A rating
08/22/2023	Recommend License Issuance
08/22/2023	SC- Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large two-story Victorian home with a full basement located on 40 acres in the city of Powers. The home has a well-maintained yard with several outbuildings including a barn. The property is in close proximity to parks and shopping areas. Proof of ownership by Lisa Clark was provided, reviewed, and is on file.

The home is very neat, clean, and comfortably furnished. The main floor consists of the two large resident bedrooms and a large bathroom. The main floor also has the living room and a dining room and kitchen. There are 3 bedrooms upstairs, including one resident bedroom, located at the top of the stairs to the left of a large bathroom. The basement is unfinished and will not be occupied by residents.

The home has the capacity to house 6 residents. The approved residents' bedrooms have the following dimensions:

Bedroom #1 on the first floor 192 sq. ft. Approved capacity 2

Bedroom #2 on the first floor 238 sq. ft. Approved capacity 2

Bedroom #3 on the second floor 169 sq. ft. Approved capacity 2

The home has the square footage necessary to accommodate up to 6 residents as requested on the application. The home has a total of 3522 square feet. The living room has furnishings adequate for the family and the residents and is approximately 621 sq ft. There is a full open kitchen with additional eating space that is 208 square feet. The dining room has seating for 8 and the square footage is approximately 255 sq ft. The residents are welcome in any part of the home excluding the unfinished basement.

The facility is fully equipped with the required furnishings, linens, and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home is serviced by a private sewer and well. The private sewer and well system were inspected and approved by the Delta-Menominee District Health Department on 8/4/23.

The facility has smoke detectors throughout the home. The detectors are located in the hallway near the approved bedrooms, the kitchen, and in the living room area and were found to be in good working order. Smoke detectors are also located in the basement. Each floor has a fire extinguisher. The boiler furnace is in the basement. The basement has a self-closing solid core door. The furnace was inspected by G. Eichhorn & Sons, LLC on 6/5/23 and found to be in good working order.

At this time the home is not equipped to provide care to resident that utilize a wheelchair. This home is not wheelchair accessible.

B. Program Description

The facility proposes to serve male and female adults that are Aged, Developmentally Disabled and/or Mentally Ill (18 and older).

The home will offer residents a normalized home environment and integrations with various community resources and will encourage family involvement. The home provides 24-hour care, and 'a friendly staff in a beautiful setting'. The home has a large backyard for resident enjoyment. In addition, the home will welcome Senior Companions, holiday and birthday celebrations, barbeques, outings, and other activities that suit their resident's interest.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Rule/Statutory Violations

A licensing record clearance request was completed and approved for Mrs. Lisa Clark, licensee. Mrs. Lisa Clark submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The staffing pattern for this 3-bed facility is adequate and includes a minimum of 1 to 2 staff per 6 residents on the awake-shift, and 1 staff to 6 residents during the sleep shift.

The licensees acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensees acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked area and that daily medication logs will be maintained on each resident receiving medication.

The licensees acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensees acknowledged 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

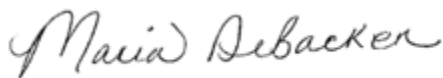
The licensees acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensees acknowledged that they will provide three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensees acknowledged their 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

IV. RECOMMENDATION

I recommend issuance of a temporary adult foster care license and Special Certification for Developmentally Disabled and Mentally Ill to this adult foster care family home (capacity 1-6).



8/22/2023

Maria DeBacker
Licensing Consultant

Date

Approved By:



08/22/2023

Mary E. Holton
Area Manager

Date