



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 3, 2023

Laura Mohrman  
Assisted Independence  
PO Box 69  
Big Bay, MI 49808

RE: Application #: AS520417045  
Assisted Independence  
9067 Co Rd 550  
Marquette, MI 49855

Dear Laura Mohrman:

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 black ink, appearing to read "Garrett Peters".

Garrett Peters, Licensing Consultant  
Bureau of Community and Health Systems  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 250-9318

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS520417045
<b>Licensee Name:</b>	Assisted Independence
<b>Licensee Address:</b>	325 Bensinger Big Bay, MI 49808
<b>Licensee Telephone #:</b>	(906) 228-5561
<b>Administrator/Licensee Designee:</b>	Laura Mohrman, Designee
<b>Name of Facility:</b>	Assisted Independence
<b>Facility Address:</b>	9067 Co Rd 550 Marquette, MI 49855
<b>Facility Telephone #:</b>	(906) 235-6771
<b>Application Date:</b>	07/12/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODOLOGY

07/12/2023	On-Line Enrollment
07/17/2023	Application Incomplete Letter Sent 1326A and RI-030
08/01/2023	PSOR on Address Completed
08/01/2023	File Transferred To Field Office
08/02/2023	Application Incomplete Letter Sent
10/19/2023	Contact - Document Received Received floor plan/job desc/education qualifications
10/19/2023	Contact - Document Received Received admission and employee policies.
10/19/2023	Application Complete/On-site Needed
10/19/2023	Inspection Completed On-site
10/30/2023	Contact - Document Received Received TB results
10/31/2023	Contact - Document Received Received CPR cert
11/01/2023	Contact - Document Received Received evac route
11/02/2023	Inspection Completed-BCAL Full Compliance
11/03/2023	Recommend License Issuance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

The home is a newly remodeled single-story home, owned by James and Laura Mohrman. This is an Adult Foster Care home licensed for six residents who are aged. The home is in Upper Michigan (Marquette County). The home is located in Big Bay, MI.

The home is about 30 miles from community hospitals, shopping centers and recreational opportunities. The small town of Big Bay does have some shopping and recreational activities. The town also has emergency services available. This facility has public water and private sewer. The home is a six-bedroom home giving each resident a private bedroom. There are two bathrooms for the residents. The facility is not handicap and wheelchair accessible due to the home not having appropriate ramps.

There 6 resident bedrooms measure as follows:

Bedroom 1 10'2" x 8'11" or 82 sq. feet Single occupancy  
Bedroom 2 12'4" x 9'11" or 112 sq. feet Single occupancy  
Bedroom 3 18'6" x 11'6" or 215 sq. feet Single occupancy  
Bedroom 4 11'11" x 9'9" or 110 sq. feet Single occupancy  
Bedroom 5 11'9" x 9'10" or 108 sq. feet Single occupancy  
Bedroom 6 13'2" x 11'9" or 157 sq. feet Single occupancy

The living room is 13'3" x 20'1" or 267 sq. feet.

The dining room is 13'3" x 11'2" or 149 sq. feet.

The furnace is located in the basement below the facility and is fully enclosed with the appropriate fire safety requirements. The furnace, electrical and remodel was inspected and approved by the Marquette County Building 6/27/23 The facility has been found in full compliance with fire safety and environmental health.

#### **B. Program Description**

The facility provides 24-hour supervision, protection, and personal care for up to 6 male or female residents who are aged. There will always be at least 1 staff person on duty. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

### **C. Applicant and Administrator Qualifications**

The Licensee Designee and administrator is Laura Mohrman. A licensing record clearance was completed with no LEIN convictions for the licensee designee, Laura Mohrman. The submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults. Laura Mohrman provided verification she obtains the experience and education to meet the requirements of licensee designee and administrator for this home.

The applicant has provided their program statement, admission and discharge policies and their house rules. The applicant has also provided training information that they will be using to train staff.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

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.

The applicant acknowledges 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 applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

The applicant acknowledges their 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 their 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 their 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 related to the physical plant 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 to this AFC adult small group home (capacity 6).



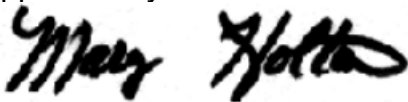
11/3/23

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Garrett Peters  
Licensing Consultant

Date

Approved By:



11/3/23

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Mary E. Holton  
Area Manager

Date