



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 15, 2023

Roberta Morrie
Trinity Home Health Agency LLC
3407 125th Avenue
Allegan, MI 49010

RE: Application #: AS030416301
Trinity House AFC
3306 Academy St
Allegan, MI 49010

Dear Ms. Morrie:

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 #:	AS030416301
Licensee Name:	Trinity Home Health Agency LLC
Licensee Address:	3407 125th Avenue Allegan, MI 49010
Licensee Telephone #:	(269) 680-0732
Licensee Designee:	Roberta Morrie
Administrator	Roberta Morrie
Name of Facility:	Trinity House AFC
Facility Address:	3306 Academy St Allegan, MI 49010
Facility Telephone #:	(269) 680-0732
Application Date:	04/27/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

04/27/2023	On-Line Enrollment
05/04/2023	Application Incomplete Letter Sent w/1326 & RI-030
05/04/2023	Inspection Report Requested - Health
08/04/2023	Comment- request sent to have fingerprints added
08/04/2023	Comment- Licensee wants to change the address.
08/04/2023	Contact - Document Sent- BCAL-569 sent to change address
08/04/2023	PSOR on Address Completed
08/07/2023	Comment- Prints couldn't be located, so receipt was requested from licensee.
08/18/2023	Contact-Document Received- RI-030 and receipt
08/18/2023	Comment- sent request to add fingerprints
08/22/2023	File Transferred To Field Office- Lansing via SharePoint
09/01/2023	Application Incomplete Letter Sent
10/30/2023	Contact-Documentation Received -Admission/Discharge Policy, Program Statement, Personnel Policies, Job Descriptions, Staffing Pattern, Floor Plan, Expenses.
11/07/2023	Environmental Health Inspection Request-Allegan County Health Department, "A" Rating.
12/05/2023	Inspection Completed On-site- Sub-Compliance.
12/07/2023	Contact-Document Received.- Confirmation Egress Door Hardware installed.
12/12/2023	Contact-Document Received- Confirmation Self-Closing Hinges on Fire Door.
12/12/2023	Contact-Document Received- SC Application Received.
12/12/2023	Contact-Document Received- SC Application Approved.
12/12/2023	Inspection Completed-BCHS Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a one-story, ranch home located in a rural area of Village Township on the margins of the city of Allegan. This facility is approximately 1.5 miles from Borgess Allegan Hospital. There are multiple restaurants and convenience stores, as well as several churches and parks located within two miles of the home. Staff and visitor parking is located near the front entry of the home on a long gravel driveway.

On the main floor is one full bathroom, three semi-private resident bedrooms, a large great room, dining area, laundry room and kitchen. All three semi-private resident bedrooms meet the bedroom space requirements for two residents. Two semi-private resident bedrooms share a jack and jill bathroom. The lower level of this home will be used for storage and will not be accessible to residents. This facility is not wheelchair accessible.

The home has private water and septic systems. The facility was found to be in substantial compliance with applicable environmental health rules after an inspection from the Allegan County Health Department on 07/13/2023.

The furnace was inspected on 11/06/2023 and is fully operational. A 20-minute metal fire door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the fully enclosed furnace and water heater on the basement floor and accessible from the living 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	11'6" X 12'11"	148	2
2	11'2" X 11'8"	130	2
3	12'11" X 11'8"	148	2

The living, dining, and sitting room areas measure a total of 356 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. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in each resident's Assessment Plans for AFC Residents and individual plans of service. 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 aged, developmentally disabled, mentally impaired, 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. The applicant has applied for specialized program certification and intends to accept residents under contract from Allegan County CMH Services,

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 transportation for program and medical needs as specified in the Resident Care Agreement. 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 for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Trinity Home Health Agency LLC, and it is a "Domestic Profit Corporation" which was incorporated on May 09, 2016. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs' website demonstrates it has an active status and that Roberta Morrie is the Resident Agent. 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. Mr. Roberta Morrie is the sole board member of Trinity Home Health Agency LLC, Inc., and she has stated in writing, the appointment of herself, as the Licensee Designee and the Administrator, for the facility.

A criminal background check of Roberta Morrie was completed, and she was determined to be of good moral character to provide licensed adult foster care. Roberta Morrie has submitted a statement from her physician documenting her good health and current negative tuberculosis test results.

Roberta Morrie has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Roberta Morrie has provided copies of the successful completion of her education and trainings. Roberta Morrie has also been trained in First Aid and Cardiopulmonary Resuscitation and provided a certification of completion. Roberta Morrie is a licensee designee for another licensed AFC facility and has at least one year experience working with the populations that will be served in this home.

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 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 awake 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 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 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 and special certification to this adult foster care small group home with a capacity of six residents.



12/13/2023

Eli DeLeon
Licensing Consultant

Date

Approved By:



12/15/2023

Dawn N. Timm
Area Manager

Date