



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 14, 2024

Tina Goss
3222 Main St.
Marlette, MI 48453

RE: Application #: AM760417933
Conquest Goss AFC
3222 Main St.
Marlette, MI 48453

Dear Tina Goss:

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 12 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 #:	AM760417933
Licensee Name:	Tina Goss
Licensee Address:	3222 Main St. Marlette, MI 48453
Licensee Telephone #:	(989) 635-7770
Administrator:	Tina Goss
Name of Facility:	Conquest Goss AFC
Facility Address:	3222 Main St. Marlette, MI 48453
Facility Telephone #:	(989) 635-7770
Application Date:	10/07/2023
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

01/13/2023	Inspection Completed-Fire Safety: A Completed for Active AM760009651
10/07/2023	On-Line Enrollment
10/11/2023	PSOR on Address Completed
10/11/2023	Comment Emailed Lic Consultant regarding Fire Inspection from active license AM760009651
01/04/2024	File Transferred to Field Office Flint via SharePoint
01/08/2024	Inspection Completed-Fire Safety: A
01/08/2024	Application Incomplete Letter Sent
03/05/2024	Inspection Completed On-site Received Zoning Approval from Licensee Tina Goss
03/08/2024	Application Complete On-site needed
03/08/2024	Inspection Completed On-site Received all required paperwork from Licensee Tina Goss
03/08/2024	Inspection Completed-Env. Health: A
03/13/2024	Inspection Completed-BCAL Full Compliance
03/13/2024	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Conquest Goss AFC is located in the City of Marlette, Michigan. The home is a two-story brick building, built on a basement. Licensee Tina Goss is purchasing the home on a land contract, and the payments are put into the estate of the late Karen Conquest. The facility is within walking distance for the residents to shopping and libraries. The facility contains a kitchen, dining room, living room, staff bedroom, and two resident bedrooms on the first floor. A full bathroom is available on the first floor for visitor use and resident use. There are four bedrooms and a full bathroom on the upstairs level.

There is limited parking in the driveway. The facility was continually licensed (AM760009651) from April 1, 1988, until the issuance of this license.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The State Fire Marshal gave the facility an 'A' rating on January 8, 2024. The furnace was inspected and determined to be fully operation on February 9, 2024. 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 First Floor	18' X 13'8"	248.4 sq. ft.	3
#2 First Floor	14' 3" X 9' 4"	134.42 sq. ft.	2
#3 Upstairs	11' 8" X 12' 7"	149.86 sq. ft.	2
#4 Upstairs	11' X 8" X 12' 7"	149.86 sq. ft.	2
#5 Upstairs	12' 7" X 11' 5"	146.05 sq. ft.	2
#6 Upstairs	8' 6" X 10' 8"	92.88 sq. ft.	1

The living and dining room areas measure a total of 466.18 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Conquest Goss AFC has public water and sewer systems provided by the City of Marlette.

Based on the above information, it is concluded that this facility can accommodate **twelve (12)** 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 twelve (12) male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, and aged, ages 18-99, 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 local hospitals, community mental health, and nursing homes.

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 if another staff is available to provide care to the residents at the facility. Sanilac Transportation Corporation bus system provides transportation if the licensee is unavailable. The bus will provide free transportation to residents that are going to Sanilac County Community Mental Health. 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

Tina Goss is the Licensee and Administrator and 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.

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

Licensee/Administrator Tina Goss 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 12-bed facility is adequate and includes a minimum of 1-staff-to-12 residents per shift. All staff will not be awake during sleeping hours.

Licensee Tina Goss and Administrator 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 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.

The applicant acknowledges their 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.

Licensee Tina Goss and Administrator 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/administrator 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/administrator 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 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 at the time of licensure. Compliance with the physical plant rules has been determined. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care medium group home (capacity 7-12).

Kathryn A. Huber

03/14/2024

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary E. Holton

03/14/2024

Mary E. Holton
Area Manager

Date