



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 26, 2024

Valkyrie Sakshaug
SakshaugHomesLLC
4322 Ridge Lane SW
Wyoming, MI 49519

RE: Application #: AS410415000
Rathbone Manor AFC
1259 Rathbone ST SW
Wyoming, MI 49509

Dear Ms. Sakshaug:

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 and special certification 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS410415000

Licensee Name: SakshaugHomesLLC

Licensee Address: 4322 Ridge Lane SW
Wyoming, MI 49519

Licensee Telephone #: (616) 443-0956

Administrator/Licensee Designee: Valkyrie Sakshaug, Designee

Name of Facility: Rathbone Manor AFC

Facility Address: 1259 Rathbone ST SW
Wyoming, MI 49509

Facility Telephone #: (616) 432-3005
11/28/2022

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

11/28/2022	On-Line Enrollment
11/29/2022	Application Incomplete Letter Sent emailed w/1326, AFC-100, and RI-030
03/10/2023	Contact - Document Received 1326, AFC-100, and RI-030
03/10/2023	Comment sent request to add prints sent request to add fingerprints
03/27/2023	Application Incomplete Letter Sent Sent via email to the owner/licensee.
06/26/2023	Application Complete/On-site Needed
06/27/2023	Inspection Completed On-site
02/21/2024	Inspection Completed On-site
02/21/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is an older, two-story home located in the city of Wyoming in a neighborhood of similarly constructed homes. The main floor consists of a living room, dining room, kitchen, updated full bathroom, and two resident bedrooms. The second floor consists of two resident bedrooms and small storage cabinets between the two bedrooms. The finished basement has a bedroom that will be used by staff, a living room area, furnace, hot water heater, and laundry room area. Except for laundry, the residents will not use the basement area of the home. The basement has an exit door directly to the outside. The facility utilizes City of Wyoming water and sewer systems.

The gas 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 the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room dimensions	Total Sq. footage	Total resident beds
Main floor			
1	10'7" X 9'1"	96 sq. ft.	1
2	9'7" X 8'4"	80 sq. ft.	1
2 nd floor			
3	12'11" X 11'7"	150 sq. ft.	2
4	12'11" X 10'1"	130	2

The living & dining room areas measure a total of 348 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 the facility can accommodate six residents. It is the licensee's responsibility not to exceed the facilities licensed capacity.

The home was previously licensed as Rathbone Manor, License # AS410394052.

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 or mentally impaired, 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 intends to accept residents from various Community Mental Health Boards as a referral source.

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 assure the availability of 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. Rule/Statutory Violations

The applicant is Sakshaug Homes, LLC, which is a "Domestic Limited Liability Company," established in Michigan on 07/28/2022. 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.

The member of Sakshaug Homes LLC have submitted documentation appointing Valkyrie Sakshaug as Licensee Designee and administrator of this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and administrator, Valkyrie Sakshaug. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 1 staff -to- 6 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff-to-resident ratio or expected to assist in providing super, protection, or personal care to the resident population.

The applicant acknowledges 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 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) and the related documents required to be maintained in each employee’s 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 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents’ personal money transactions that have been agreed to be managed by the applicant.

