



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 29, 2024

Karen LaFave
Adult Learning Systems - UP, Inc
Suite-4
228 West Washington
Marquette, MI 49855

RE: Application #: AS520417605
Huron Home
2263 Huron Street
Marquette, MI 49855

Dear Ms. LaFave:

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 4 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) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Garrett Peters".

Garrett Peters, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N. W.
Grand Rapids, MI 49503
(906) 250-9318

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS520417605

Applicant Name: Adult Learning Systems - UP, Inc

Applicant Address: Suite-4
228 West Washington
Marquette, MI 49855

Applicant Telephone #: (906) 228-7370

Administrator/Licensee Designee: Karen LaFave

Name of Facility: Huron Home

Facility Address: 2263 Huron Street
Marquette, MI 49855

Facility Telephone #: (906) 228-7370

Application Date: 8/24/2023

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/24/2023	Enrollment
08/24/2023	PSOR on Address Completed
08/24/2023	Application Incomplete Letter Sent 1326/RI 030/Fingerprint for Karen LaFave
09/11/2023	Contact - Document Received 1326/RI 030 for Karen LaFave (referred to C Coburn for review)
09/13/2023	File Transferred To Field Office Flint via SharePoint
09/15/2023	Application Incomplete Letter Sent
05/17/2024	Inspection Completed-Env. Health : A
05/17/2024	Inspection Completed On-site
05/17/2024	Inspection Completed-BCAL Full Compliance
05/28/2024	SC-Application Received - Original

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located within the township of Marquette of Marquette County in Michigan's upper peninsula. The property was previously licensed between 2010 and 2013 as a small group adult foster care home.

The building is a shingled roof two-story vinyl sided home with three exits. The structure contains four-bedrooms, and each floor has a common area and full bathroom. The kitchen is on the upper level, adjacent to the living area. There is no basement in the home. Laundry is on the lower level of the home adjacent to the common area.

The four resident bedrooms measure as follows:

Bedroom 1 11'1" x 10'9" or 121 sq. feet single occupancy
Bedroom 2 12'1" x 9'1" or 110 sq. feet single occupancy
Bedroom 3 9'9" x 9'7" or 96 sq. feet single occupancy
Bedroom 4 11'1" x 11'1" or 123 sq. feet single occupancy

The upstairs common area is 12'1" x 13'6" or 165 sq. feet.
The downstairs common area is 15'1" x 11'1" or 168 sq. feet.

The home has forced air heating and air conditioning. Plumbing, mechanical, and electrical were all inspected and approved within the calendar year. There are seven interconnected smoke detectors within the home, including the lower level, upper level, kitchen, common areas and in three of the four bedrooms. As of 6/3/24, the home has hired an electrical contractor to install a fourth interconnected smoke detector in the last bedroom that does not have one. The home utilizes municipal water and sewer systems.

The home is less than five miles from the local hospital, shopping centers, grocers and located near various recreational opportunities. The city of Marquette provides citizens with emergency first responder services.

B. Program Description

The facility provides 24-hour supervision, protection, and personal care for up to 4 residents. There will always be at least one staff person on duty. The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or need 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 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 are Karen LaFave. A licensing record clearance was completed with no LEIN convictions. Ms. LaFave submitted medical clearance documents which include current negative TB results and there is no physical or mental health conditions existing that would limit her ability to work with or around vulnerable adults. Ms. LaFave provided verification she obtained the experience and education to meet the requirements of licensee designee and administrator for this home.

Ms. LaFave has provided the home's program statement, admission and discharge policies, and house rules. She has also provided training information that she will be using to train staff.

Ms. LaFave acknowledges an understanding of the requirements to maintain this category license type. She also acknowledges 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. She has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

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

Ms. LaFave 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.

Ms. LaFave 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, she acknowledged her 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 the documents contained within the employee's file.

Ms. LaFave acknowledged 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. She has indicated her intention to achieve and maintain

compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

Ms. LaFave acknowledges her 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, she acknowledges her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file. She acknowledges her 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 compliant 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 for a licensed capacity of four.

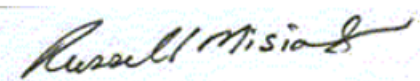


5/29/24

Garrett Peters
Licensing Consultant

Date

Approved By:



6/3/24

Russell B. Misiak
Area Manager

Date