



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

June 1, 2006

Mary Burke
Horizon North, Inc.
PO Box 6952
Traverse City, MI 49686

RE: Application #: AM280272540
Horizon North AFC
668 S Airport
Traverse City, MI 49686

Dear Ms. Burke:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (231) 922-5309.

Sincerely,

Terry Ibbotson, Licensing Consultant
Office of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5475

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AM280272540

Applicant Name: Horizon North, Inc.

Applicant Address: P.O. Box 6952
Traverse City, MI 49686

Applicant Telephone #: (231) 941-5732

Administrator/Licensee Designee: Mary Burke, Designee

Name of Facility: Horizon North AFC

Facility Address: 668 S Airport
Traverse City, MI 49686

Facility Telephone #: (231) 941-5732

Application Date: 12/09/2004

Capacity: 12

Program Type: MENTALLY ILL

II. METHODOLOGY

12/09/2004	Enrollment
12/16/2004	Inspection Report Requested - Fire
12/16/2004	Inspection Report Requested - Fire
12/16/2004	Inspection Report Requested - Health
01/06/2005	Application Incomplete Letter Sent
04/21/2005	Inspection Report Requested - Fire
04/21/2005	Contact - Document Received
04/21/2005	Application Incomplete Letter Sent
05/03/2005	Contact - Document Received
05/04/2005	Application Incomplete Letter Sent
03/09/2006	Inspection Completed-Fire Safety : A
03/15/2006	Inspection Completed-Env. Health : A
05/01/2006	Inspection Completed On-site
05/31/2006	Inspection Completed – Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a two-story, ranch style home located in a residential area just southeast of Traverse City near Cherry Capital Airport. The back yard has a patio and small lawn area overlooking Mitchell Creek. The heat plant and water heater are located in a crawl space that is accessed from the outside the home. The facility has an interconnected smoke detection system with battery back-up. Fire alarm pull stations are located on each floor at the primary exit and two fire extinguishers are located on each floor.

The first floor of the home consists of an office, kitchen, dining room, living room, laundry area, full bathroom, and 4 resident bedrooms.

First floor bedroom dimensions are:

Bedroom 1 measures 136 sq. ft. with a maximum of 2 resident beds

Bedroom 2 measures 109 sq. ft. with a maximum of 1 resident bed

Bedroom 3 measures 113 sq. ft. with a maximum of 1 resident bed

Bedroom 4 measures 170 sq. ft. with a maximum of 2 resident beds

The second floor consists of a full bathroom, small TV room, and 5 bedrooms.

Second floor bedroom dimensions are:

Bedroom 5 measures 102 sq. ft. with a maximum of 1 resident bed

Bedroom 6 measures 121 sq. ft. with a maximum of 1 resident bed

Bedroom 7 measures 154 sq. ft. with a maximum of 2 resident beds

Bedroom 8 measures 137 sq. ft. with a maximum of 2 resident beds

Bedroom 9 measures 98 sq. ft. with a maximum of 1 resident bed

Bedroom 1 is currently arranged for 1 resident. There are 5 resident beds on the first floor and 7 resident beds on the second. It is the licensee's responsibility not to exceed the 12 resident capacity of this adult foster care license.

The total indoor living space is approximately 852 sq.ft., which exceeds the minimum requirement of 420 sq.ft. for 12 residents.

City sewer and water services are available. The home does not have wheelchair ramps. The hot-water boiler and water heater are heated by natural gas. The boiler has been inspected and is due for the next inspection in September 2007.

B. Program Description

This home has been licensed since 12-8-1995, in the name of Meredith AFC Home (AM280068321). The applicant has acted as administrator under that license since the application was submitted in December of 2004. Zoning approval is currently in effect and has not changed due to the home being licensed for adult foster care at the time the current application was submitted.

This is a staffed home, i.e., no one other than the residents placed for care lives there. The home will operate both for respite care - short-term placements (usually less than 2 weeks) for residents with mental illness - and long-term AFC residents. The home will receive short-term residents through a contract between the licensee and Community Mental Health. Horizon North, Inc has submitted an acceptable application for certification to provide the specialized services referred to above.

Admission and discharge policies, program statement, refund policy, and personnel policy were reviewed and accepted as written.

C. Applicant and Administrator Qualifications

A licensing record clearance request was completed with no lein convictions recorded for Mary Burke, who will be the licensee designee and administrator. Ms. Burke submitted a medical clearance request with statements from a physician documenting good health and current TB test results.

The administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 12-bed facility has been determined to be adequate at a minimum of 1 staff for each 12 residents. Daytime staffing exceeds this ratio, as needed.

The applicant 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 acknowledges an understanding of the responsibility to assess the good moral character of each volunteer and employee of the facility. The applicant has expressed that FBI finger printing and the Michigan State Police lein system will be utilized as the process to identify criminal history when assessing good moral character.

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 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 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.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of his/her resident rights and providing each resident with a copy of those rights. The applicant indicated the intent to achieve and maintain compliance with these requirements.

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 immediate investigation of the cause. The applicant has indicated the intention to

achieve and maintain compliance with the reporting and investigation of each incident and accident as required by Rule 311(1-7).

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges 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 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.

IV. RECOMMENDATION

It is recommended that an Original Adult Foster Care Small Group Home (1-12) license and Certification for Specialized Care be issued to Horizon North, Inc.



06-01-2006

Terry Ibbotson
Licensing Consultant

Date

Approved By:



06-01-2006

Christopher J. Hibbler
Area Manager

Date