



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



JENNIFER M. GRANHOLM
GOVERNOR

MARIANNE UDOW
DIRECTOR

February 6, 2007

Ms. Tina Aho
Porcupine Mountain Moonlighters, Inc.
514 Chippewa St.
Ontonagon, MI 49953

RE: Application #: AM660285475
New Beginnings AFC
514 Chippewa St.
Ontonagon, MI 49953

Dear Ms. Aho:

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 (906) 228-0781.

Sincerely,

Theresa Norton, Licensing Consultant
Office of Children and Adult Licensing
305 Ludington St
Escanaba, MI 49829
(906) 789-4606

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM660285475

Applicant Name: Porcupine Mountain Moonlighters, Inc.

Applicant Address: 514 Chippewa St.
Ontonagon, MI 49953

Applicant Telephone #: (906) 884-6060

Administrator/Licensee Designee: Tina Aho

Name of Facility: New Beginnings AFC

Facility Address: 514 Chippewa St.
Ontonagon, MI 49953

Facility Telephone #: (906) 884-6060

Application Date: 08/17/2006

Capacity: 12

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

08/17/2006	Enrollment
08/21/2006	Inspection Report Requested - Health
08/21/2006	Application Incomplete Letter Sent re: rec. cl. for Tina
08/29/2006	Contact - Document Received rec'd. rec. cl. for Tina
08/30/2006	Application Complete/On-site Needed
09/06/2006	Inspection Completed-Env. Health : A
09/29/2006	Inspection Completed-BFS Full Compliance
11/03/2006	Application Incomplete Letter Sent
01/17/2007	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This home was previously licensed (03/03/06 – 01/06/2007) by the same licensee. (AM6602777238). The owners have incorporated which has generated a new license.

The home is a large, two story home located in the City of Ontonagon. It is centrally located to schools, parks, and shopping areas. Tina Aho and Tammy Houtari own the home. Proof of ownership was provided and a copy of the mortgage deed is maintained in the file.

The home is neat, clean and comfortably furnished. The main floor consists of a large living room, dining and kitchen area, laundry facilities, 1 resident bedroom and 1 full bath. The second level consists of 6 approved bedrooms and 2 full baths. Bedrooms have the following dimensions:

Bedroom #1	95 sq. ft.	Approved Capacity 1
Bedroom #2	162 sq. ft.	Approved Capacity 2
Bedroom #3	136 sq. ft.	Approved Capacity 2
Bedroom #4	179 sq. ft.	Approved Capacity 2
Bedroom #5	131 sq. ft.	Approved Capacity 1
Bedroom #6	165 sq. ft.	Approved Capacity 2
Bedroom #7 level)	172 sq. ft.	Approved Capacity 2 (Lower

This facility has the square footage necessary to accommodate up to 12 residents as requested on the application. The facility is fully equipped with required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The Western Upper Peninsula Public Health Department conducted a final inspection of the facility's private water and septic system on 09/06/2006. The Health Department recommendation determined that the facility is in substantial compliance with applicable environmental rules.

The Office of Fire Safety completed and approved their final inspection on 09/29/2006.

B. Program Description

The facility proposes to serve adults that are Aged, Mentally Ill, Developmentally Disabled and/or Traumatic Brain Injured. The admission policies, program statements, discharge policy, refund policy, personnel policies and job descriptions were reviewed and accepted as written.

The program statements identify the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. The goal of New Beginnings Adult Foster Care Home is to promote independence of each resident in a structured environment designed to meet their needs.

Transportation to local medical appointments will be provided by the home as needed. Transportation to out-of-area appointments will be provided for a nominal fee.

C. Licensee and Administrator Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee(s) and the administrator. The licensee(s) and the administrator submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The licensee(s) 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 12-bed facility is adequate and includes a minimum of 1 (or more) staff to 12 residents per awake shift and 1 staff to 12 residents during the sleep shift.

The licensees acknowledged 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 licensees acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensees expressed that FBI fingerprinting and the Michigan State Police LEIN system will be utilized as the process to identify criminal history when assessing good moral character.

The licensees acknowledged 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 licensees have 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 licensees acknowledged 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 licensees acknowledged their responsibility to maintain a current employee record on file in the home for the licensees, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The licensees acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The licensees indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensees acknowledged 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 licensees have indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensees acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The licensees acknowledged that their written facility menus shall reflect three well-balanced and nutritious meals daily. The licensee(s) are aware of and intend to comply with the provision of special diets that may be required for any resident.

The licensees acknowledged their 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 licensees acknowledges his 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.

C. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend issuance of a temporary license for a capacity of 12 adult foster care residents.



Theresa Norton
Licensing Consultant

Date

Approved By:



2/06/07

Deborah Clark
Area Manager

Date