



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

September 4, 2008

Dorothea Wilson  
The Lighthouse-Traverse City LLC  
PO Box 289  
Caro, MI 48723

RE: Application #: AM280286815  
Morning Star  
4140 Beacon Street  
Kingsley, MI 49649

Dear Ms. Wilson:

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 11 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,

Marcia S. Elowsky, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 922-5472

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM280286815

**Applicant Name:** The Lighthouse-Traverse City LLC

**Applicant Address:** 1655 East Caro Road  
Caro, MI 48723

**Applicant Telephone #:** (989) 673-2550

**Administrator/Licensee Designee:** Dorothea Wilson, Designee

**Name of Facility:** Morning Star

**Facility Address:** 4140 Beacon Street  
Kingsley, MI 49649

**Facility Telephone #:** (231) 263-1350

**Application Date:** 10/23/2006

**Capacity:** 11

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

## II. METHODOLOGY

10/23/2006	Enrollment
10/27/2006	Inspection Report Requested - Health
10/27/2006	Inspection Report Requested - Fire
11/06/2006	Inspection Completed-Env. Health: A
12/20/2006	Application Incomplete Letter Sent
01/29/2007	Contact - Document Received Incomplete application information
10/23/2007	Inspection Completed-Fire Safety: D
11/28/2007	Inspection Completed-Fire Safety: A
01/08/2008	Inspection Completed On-site
04/18/2008	Application Complete/On-site Needed
04/23/2008	Inspection Completed On-site
06/14/2008	Contact - Document Received Zoning approval
08/10/2008	Inspection Completed-Env. Health: A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This ranch-style facility was built in 2006. It was previously licensed as a 6-bed, adult foster care small group home in June 2006. The home consists of an entrance area, office, living room, dining room, kitchen, pantry, laundry room, 6 bedrooms, two large full bathrooms, one half bathroom and a screened porch at the back of the facility.

This facility is located on 40 acres of land south of Traverse City off US 31. Directly across from this facility is another facility that was previously licensed as an adult foster care small group home in June 2006, which is changing to an adult foster care medium group home, capacity 11. The facility is entirely on ground level, with three main wheelchair accessible exits.

Fire safety inspections were conducted on 10/23/2007 and 11/28/2007. The Bureau of Fire Services Inspector granted full approval of the facility on 11/28/2007.

This facility has a private well and septic system. Environmental health inspections were conducted on 11/6/2006 and 08/10/2008. The Sanitarian determined the facility to be in substantial compliance with applicable rules and issued an "A" rating.

The heat plant consists of two propane-fueled forced-air furnaces located on the ground floor. The heat plant enclosure has drywall on all sides and ceiling and a one and one-half hour rated fire door with a self-closing device. The propane fueled water heater is in a separate enclosure with similar construction. The home is also protected by a sprinkling system.

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. The facility is equipped with an alarm system that alerts staff if a resident exits the building, either by door or window.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage (excluding closets)	Total Resident Beds
1	158" x 153"	156	2
2	170" x 153"	169	2
3	120" x 153"	122	1
4	188" x 153"	207	2
5	166" x 153"	182	2
6	169" x 218"	252	2

The living and dining room areas measure a total of 423 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate eleven (11) 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 (11) male or female adults, primarily with traumatic brain injury, but could include residents whose diagnosis is developmentally disabled, mentally impaired, physical handicap, aged and/or Alzheimer's. The program statement indicates a design to

“maximize each client’s functioning ability as well as assist clients in gaining insight, enhancing self-esteem, developing coping skills and improving relationships.

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 services 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. Applicant and Administrator Qualifications**

The applicant is The Lighthouse-Traverse City LLC which is a For Profit “Limited Liability Company” established in Michigan on December 2, 2005. 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 Board of Directors of Lighthouse-Traverse City LLC has submitted documentation appointing Dorothea Wilson as Licensee Designee and Administrator for this facility.

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

The licensee designee 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 11-bed facility is adequate and includes a minimum of 2 staff for 11 residents per shift. All staff shall be awake during sleeping hours.

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 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](http://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 their 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 their resident rights and providing them with a copy of those rights. The applicant indicated that it is their 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 their 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 acknowledges 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 applicant acknowledges their 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.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-11).

*Marcia S. Elowsky*

09/04/2008

Marcia S. Elowsky  
Licensing Consultant

Date

Approved By:



09/04/2008

Christopher J. Hibbler  
Area Manager

Date