



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

September 29, 2008

Medallion Village Ltd.  
628 E Main St  
Sebewaing, MI 48759

RE: Application #: AL320293084  
Medallion Village AFC  
628 E Main St  
Sebewaing, MI 48759

Dear Medallion Village Ltd.:

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 14 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 (989) 758-1754.

Sincerely,

Bruce A. Messer, Licensing Consultant  
Bureau of Children and Adult Licensing  
1365 Cleaver Rd.  
Caro, MI 48723  
(989) 673-9175

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL320293084
<b>Applicant Name:</b>	Medallion Village Ltd.
<b>Applicant Address:</b>	628 E Main St Sebewaing, MI 48759
<b>Applicant Telephone #:</b>	(989) 883-9902
<b>Administrator/Licensee Designee:</b>	Timothy J. Downing
<b>Name of Facility:</b>	Medallion Village AFC
<b>Facility Address:</b>	628 E Main St Sebewaing, MI 48759
<b>Facility Telephone #:</b>	(989) 883-9902
<b>Application Date:</b>	10/02/2007
<b>Capacity:</b>	14
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED ALZHEIMERS PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

## **II. METHODOLOGY**

10/02/2007	Enrollment
10/18/2007	Application Incomplete Letter Sent
10/17/2007	Inspection Complete-Environmental Health: A
09/17/2008	Inspection Completed-Fire Safety : A
09/17/2008	Application Complete/On-site Needed
09/29/2008	Inspection Completed – On-Site
09/29/2008	Inspection Completed –BFS full compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

Medallion Village Adult Foster Care home is located within the quite rural village of Sebewaing in a residential area a short walk from the downtown business district. The home is situated within what was once the local school building and is connected directly adjacent to a senior apartment complex located within the same renovated school structure. The AFC is separated from the rest of the building by way of a two hour fire wall separation and is fully self contained and self sufficient.

The home is comprised of ten units/rooms which surround a common dining and social/leisure area. Each of these ten units/rooms has a shared bedroom for two residents, a shared full bathroom and a semiprivate living room area. Water and sewage if provided by the municipal water/sewer department.

On September 17, 2008, the Bureau of Fire Services inspected the home and granted the home a recommendation of full approval.

On October 17, 2007, the Huron County Health Department completed an environmental health inspection of the facility and water/sewage supply. They determined that the home was in substantial compliance with all applicable rules.

NOTE: At this time only seven of the ten units/rooms have been remodeled and will be licensed to accept residents. It is anticipated that the remaining three units/rooms will eventually be remodeled and upon completion will then be licensed to accept residents for a total resident capacity of 20.

The home is fully equipped for wheelchair use and has four separate means of egress, two of which are equipped with ramps.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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 on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Unit 3	28' X 26' 7"	744 Sq. Ft.	2
Unit 5	27'3 " X 27'3"	742 Sq. Ft.	2
Unit 7	28'4" X 28'8"	812 Sq. Ft.	2
Unit 10	28'7" X 28'10"	824 Sq. Ft.	2
Unit 11	29' X 28'7"	828 Sq. Ft.	2
Unit 12	28'7" X 28'8"	819 Sq. Ft.	2
Unit 13	28'7" X 28'8"	819 Sq. Ft.	2

The living, dining, and sitting room areas measure a total of 1935 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 **fourteen** (14) 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 **fourteen** (14) male or female adults whose diagnosis is aged, TBI, Alzheimer's, physically handicapped, 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. Residents will be referred from local community mental health agencies, Department of Human Services and the general community.

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 provide all 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. Applicant and Administrator Qualifications**

The applicant is Medallion Village Ltd, Inc., which is a "For Profit Corporation" and was established in Michigan, on 7/3/1996. 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 Medallion Village Ltd, Inc has submitted documentation appointing Timothy Downing as Licensee Designee/ Administrator for this facility.

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

The licensee designee/administrator 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 14-bed facility is adequate and includes a minimum of 2 staff –to- 14 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.

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

## E. Recommendation

I recommend issuance of a temporary license to this adult foster care small/large group home (capacity 1 - 20).

*Bruce A. Wilson* September 29, 2008

Bruce A. Messer  
Licensing Consultant

Approved By:

Craig Rice

Gregory Rice  
Area Manager

Date