



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

January 7, 2010

Carrie Nageotte
4735 W. Ludington Dr.
Farwell, MI 48622

RE: Application #: AF180301431
Country Care Assisted Living
4735 W. Ludington Dr.
Farwell, MI 48622

Dear Ms. Nageotte:

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 6 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) 758-2717.

Sincerely,

Diane L Stier, Licensing Consultant
Bureau of Children and Adult Licensing
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 772-8479

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF180301431
Applicant Name:	Carrie Nageotte
Applicant Address:	4735 W. Ludington Dr. Farwell, MI 48622
Applicant Telephone #:	(989) 330-1813
Administrator/Licensee Designee:	N/A
Name of Facility:	Country Care Assisted Living
Facility Address:	4735 W. Ludington Dr. Farwell, MI 48622
Facility Telephone #:	(989) 330-1813
Application Date:	04/02/2009
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

04/02/2009	Enrollment
04/07/2009	Application Incomplete Letter Sent re: environmental
04/15/2009	Inspection Completed-Env. Health : C Bad water test - nitrates.
04/21/2009	Application Incomplete Letter Sent
06/23/2009	Inspection Completed On-site Original - first inspection
09/01/2009	Contact - Telephone call received Scheduled final inspection for 9/9/09
09/08/2009	Inspection Completed-Env. Health : A
01/07/2010	Inspection Completed-BFS Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Country Care Assisted Living is a split-level family home located in a rural area of Clare County, on Hwy 10 west of Farwell, Michigan. The upper level of the home has a large living room and the applicant's master bedroom and bath. The main level of the home has a large dining area, sitting area, kitchen, and full bath. A single-occupancy resident bedroom is located near the bathroom. The lower level of the home has two semi-private bedrooms for residents, a full bath, and small living area.

The furnace and hot water heater are located in the partial basement/crawlspace with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. 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. This consultant determined the home to be in compliance with applicable fire safety rules. The home passed inspection by Environmental Health on 9/8/09.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Grd floor	10' x 12.3'	123 sq. ft.	1
Lower 1	10.67' x 13.6'	145 sq. ft.	2
Lower 2	10.67' x 13.6'	145 sq. ft.	2

The living, dining, and sitting room areas measure a total of over 400 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Country Care Assisted Living intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents, whose diagnosis is aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of applicant Carrie Nageotte to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

C. Applicant and Responsible Person Qualifications

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Nageotte. Ms. Nageotte and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. Nageotte has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

Ms. Nageotte acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the family home applicant 24 hours a day / 7 days a week with the responsible person on call to provide supervision in relief.

Ms. Nageotte acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

Ms. Nageotte 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), L-1 Identity SolutionsTM (formerly Identix®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Ms. Nageotte acknowledges an understanding of the administrative rules regarding medication procedures. In addition, Ms. Nageotte 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.

Ms. Nageotte acknowledges her responsibility to obtain all required documentation and signatures that are to be completed prior to the responsible person and volunteers or staff working directly with residents. In addition, Ms. Nageotte acknowledges her responsibility to maintain a current employee record on file in the home for the licensee, responsible person, or volunteer or staff, and the retention schedule for all of the documents contained within each employee's file.

Ms. Nageotte acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Nageotte acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

Ms. Nageotte acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. Ms. Nageotte has indicated her intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

Ms. Nageotte acknowledges her responsibility to obtain 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, Ms. Nageotte acknowledges her 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.

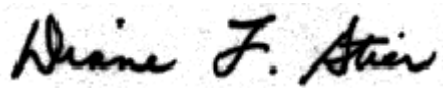
D. Rule/Statutory Violations

Country Care Assisted Living was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

Choose one:

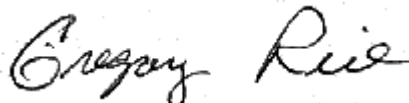
I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).



Diane L Stier
Licensing Consultant

January 7, 2010
Date

Approved By:



Gregory Rice
Area Manager

January 7, 2010
Date