



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

February 25, 2010

Kent VanderLoon  
McBride Quality Care Services Inc.  
P.O. Box 387  
Mt. Pleasant, MI 48804-0387

RE: Application #: AS540305481  
McBride's Sherman Street Home  
825 Sherman  
Big Rapids, MI 49307

Dear Mr. VanderLoon:

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 #:** AS540305481

**Applicant Name:** McBride Quality Care Services Inc.

**Applicant Address:** 209 E. Chippewa  
Mt. Pleasant, MI 48858

**Applicant Telephone #:** (989) 772-1261

**Administrator/Licensee Designee:** Kent VanderLoon, Designee

**Name of Facility:** McBride's Sherman Street Home

**Facility Address:** 825 Sherman  
Big Rapids, MI 49307

**Facility Telephone #:**

**Application Date:** 10/29/2009

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED

## II. METHODOLOGY

10/29/2009	Enrollment
11/04/2009	Contact - Document Sent Rules & Act booklets
11/04/2009	File Transferred To Field Office Saginaw
11/06/2009	Inspection Completed On-site
11/06/2009	Contact - Document Sent Conf. letter re: areas needing to be brought into compliance prior to licensure.
11/19/2009	Application Incomplete Letter Sent
02/11/2010	Inspection Completed On-site
02/23/2010	SC-Application Received - Original Cannot issue until license issued.
02/23/2010	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This ranch home was formerly licensed as the Big Rapids AIS Home, and the structure of the home has not been changed substantially since the closure of that license in 1997. Located in a residential area within the city limits of Big Rapids, the facility is close to shopping, library, medical facilities, and recreational opportunities.

The furnace (boiler) and hot water heater are located in a room off the laundry room that is constructed of material that has a 1-hour-fire-resistance rating with a fire 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. A full basement is accessed through the garage, with a fire door equipped with an automatic self-closing device and positive latching hardware installed. Full fire separation is in place between the garage and the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
SE	10.9'x14.6' + 4.9'x2.3'	170.4 sq. ft.	2
NE	13.4'x12.2' + 7'x2.3'	179.6 sq. ft.	2
NW	13.5'x11.2' + 7'x2.4'	168.0 sq. ft.	2

The living, dining, and sitting room areas measure more than 600 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 **six (6)** 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 **six (6)** male or female ambulatory adults whose diagnosis is 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 Community Mental Health for Central Michigan.

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 applicant intends to provide specialized programs per contract with Community Mental Health for Central Michigan.

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 McBride Quality Care Services, Inc., which is a "Non Profit Corporation", was established in Michigan, on 10/9/1989. 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 has submitted documentation appointing Kent VanderLoon as Licensee Designee and as the Administrator of the facility.

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

The department has documentation on file noting that Mr. VanderLoon satisfies the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff –to- six 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.

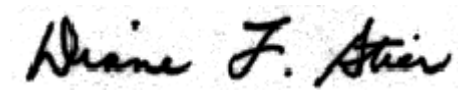
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

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

#### **IV. RECOMMENDATION**

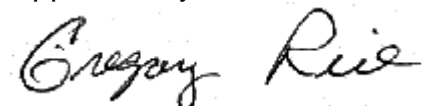
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



Diane L Stier  
Licensing Consultant

February 25, 2010  
Date

Approved By:



Gregory Rice  
Area Manager

February 25, 2010

Date