



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



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

May 25, 2010

Cassie Craft
9688 Green Street
Mancelona, MI 49659

RE: Application #: AF050306950
Don's House
9688 Green Street
Mancelona, MI 49659

Dear Ms. Craft:

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 1 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,

Julie Loncar, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5470

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AF050306950 |
| Applicant Name: | Cassie Craft |
| Applicant Address: | 9688 Green Street Mancelona, MI 49659 |
| Applicant Telephone #: | (231) 587-9257 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | Don's House |
| Facility Address: | 9688 Green Street Mancelona, MI 49659 |
| Facility Telephone #: | (231) 587-9257 |
| Application Date: | 02/22/2010 |
| Capacity: | 1 |
| Program Type: | DEVELOPMENTALLY DISABLED |

II. METHODOLOGY

| | |
|------------|---|
| 02/22/2010 | Enrollment |
| 03/02/2010 | Application Incomplete Letter Sent |
| 03/02/2010 | Inspection Report Requested - Health |
| 03/22/2010 | Inspection Completed-Environmental Health : B |
| 04/14/2010 | Application Complete/On-site Needed |
| 04/14/2010 | Inspection Completed On-site |
| 05/12/2010 | Inspection Report Requested - Health |
| 05/18/2010 | Inspection Completed-Environmental Health : A |
| 05/21/2010 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in Mancelona just outside the downtown area. The structure is wood framed, vinyl sided and one story with four bedrooms and two full bathrooms. This home does not have a basement. The building has a large recently renovated kitchen area, large living room and dining room areas, deck off the back entrance and a fenced in yard area.

The home has a municipal water and sewage system that was inspected by the Antrim County Health Department of Northwest Michigan on 5/18/2010 and determined to be in substantial compliance with applicable rules. The home has a forced air heat plant system and required smoke detection equipment located in the kitchen, heat plant, bedroom and general living areas.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 13.6 x 8.8 | 119 | 1 |

The large living and dining room areas more than exceed the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate one (1) resident. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Cassie Craft, intends to provide 24-hour supervision, protection and personal care to one (1) ambulatory resident, whose diagnosis is developmentally disabled. 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.

Ms. Craft has submitted an application for Special Certification through North Country Community Mental Health to provide additional care requirements for the one resident she is caring for. In addition to the above program elements, it is the intent of the applicant 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. Craft and the live in responsible person. The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the resident as evidenced by the application financial declaration along with outside employment.

The applicant acknowledges the understanding of the requirement of an adult foster care family home is that the licensee must reside 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 one (1) resident will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant acknowledges that the number of responsible persons –to- residents on duty in the home may increase in order to meet the adequate level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledges an understanding of the qualification and suitability requirements for the responsible person or volunteers providing care to residents in the home.

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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures. 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 good moral character and medical documentation and signatures that are to be completed prior to the responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to each responsible person or volunteer working directly with those residents.

The applicant acknowledges their responsibility to maintain a current employee record on file in the home for each licensee, responsible person or volunteer and follow the retention schedule for all of the documents contained within each employee’s file.

The applicant 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.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents required to be maintained within each resident’s file.

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

The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult

foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has 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 applicant 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.

D. Rules or Statutory Violations

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

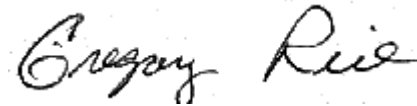
IV. RECOMMENDATION

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



Julie Loncar
Licensing Consultant

05/25/2010
Date



Gregory E. Rice
Area Manager

05/25/2010

Date