



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

January 25, 2011

Dunn, Mary & Dunn, John  
PO Box 92  
Hadley, MI 48440

RE: Application #: AF440310706  
Forest Edge Family Home  
4711 Spring Street  
Hadley, MI 48440

Dear Dunn, Mary & Dunn, John:

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 5 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,

Lisa Gundry, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 110  
1388 W. Bristol Rd.  
Flint, MI 48507  
(810) 787-7033

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF440310706
<b>Applicant Name:</b>	Dunn, Mary & Dunn, John
<b>Applicant Address:</b>	4711 Spring Street Hadley, MI 48440
<b>Applicant Telephone #:</b>	(810) 564-9205
<b>Administrator/Licensee Designee:</b>	Mary and John Dunn, co-licensees
<b>Name of Facility:</b>	Forest Edge Family Home
<b>Facility Address:</b>	4711 Spring Street Hadley, MI 48440
<b>Facility Telephone #:</b>	(810) 797-2727
<b>Application Date:</b>	10/06/2010
<b>Capacity:</b>	5
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

10/06/2010	Enrollment
10/15/2010	Application Incomplete Letter Sent signed 1326 Mary
10/19/2010	Inspection Report Requested - Health inv 1017977
10/26/2010	Application Incomplete Letter Sent
12/01/2010	Inspection Completed On-site
12/01/2010	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Forest Edge Family Home is a ranch style home located on a large wooded lot. The home has a private well and private sewer system. An environmental inspection was conducted by the Lapeer County Health Department on January 12, 2011. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

The main level of the home is made up of a living room, kitchen, dining area, two full bathrooms, and three bedrooms. The licensees will reside on the lower level, which is a walkout basement. The laundry facilities are located on the main level.

The furnace and hot water heater are located in the basement in a heat plant room. The room is equipped 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 an interconnected smoke detection system and is fully operational. A fire extinguisher is also located in the home.

The home has two separate and independent means of egress to the outside.

At the time of the inspection, all the living areas of the house conformed to the requirements of rules R400.1435 and Rule R400.1436 relating to interior finish. The home has full coverage smoke protection/alarm system. The home is in compliance with rule R400.1437 regarding smoke detection equipment, rule R400.1438 regarding emergency preparedness, rule R400.1440 regarding heat producing equipment, and rule R400.1441 regarding electrical service.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Northeast BEDROOM 1	13'6" x 11'8"	157	2
Northwest BEDROOM 2	11'2" x 11'2"	125	1
Southeast BEDROOM 3	11'3" x 13'5"	150	2

The home has a living room area that measures 18 x 15 and provides 270 square feet of living area.

The dining room area measures 12 x 11'3" and provides 135 square feet of living and dining area. This area is large enough to very comfortably accommodate 5 residents.

Based on the above information, it is concluded that this facility can accommodate five (5) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Mr. and Mrs. Dunn indicated on their application that the home would provide services to aged and adults with Alzheimers. The applicant intends to provide 24-hour supervision, protection and personal care to five (5) ambulatory residents, whose diagnosis is aged or Alzheimers. 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 the applicants 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. Rule/Statutory Violations**

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

The applicants demonstrated 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.

The applicants acknowledge 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 (5) 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.

The applicant acknowledges an understanding of the qualification 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](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.

Based upon discussion at the time of the onsite inspections, the applicants demonstrated their understanding of their responsibilities as well as their intention to comply with department rules.

The applicants acknowledge an understanding of the administrative rules regarding medication procedures. In addition, the applicants have 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 applicants acknowledges their 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, the applicants acknowledge their 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.

The applicants acknowledge 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 applicants acknowledge 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.

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

The applicants acknowledge 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 applicants have 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 applicants acknowledge an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

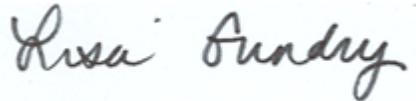
The applicants acknowledge their responsibility to obtain the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicants acknowledge 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.

I have determined the applicants to be in compliance with departmental requirements. A more complete evaluation of these rules will take place at the time of the renewal inspection prior to the expiration of the temporary license. The Dunn's also understand the technical assistance and consultation will be available throughout the term of the temporary license.

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 (capacity 1-5).



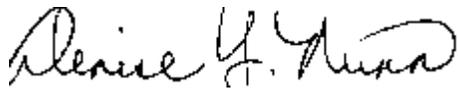
1/25/2011

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Lisa Gundry  
Licensing Consultant

Date

Approved By:



1/25/2011

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Denise Y. Nunn  
Area Manager

Date