



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



RICK SNYDER
GOVERNOR

DUANE E. BERGER
ACTING DIRECTOR

January 11, 2011

Connie & Jack Sigler
4561 Oak Glen Drive
Camden, MI 49232

RE: Application #: AF300311389
Home Away From Home
4561 Oak Glen Drive
Camden, MI 49232

Dear Connie & Jack Sigler:

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 4 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 (269) 337-5066.

Sincerely,

Dennis R Kaufman, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 3013
1040 S. Winter
Adrian, MI 49221
(517) 264-6326

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF300311389

Applicant Name: Sigler, Connie & Jack

Applicant Address: 4561 Oak Glen Drive
Camden, MI 49232

Applicant Telephone #: (517) 567-8503

Administrator/Licensee Designee: N/A

Name of Facility: Home Away From Home

Facility Address: 4561 Oak Glen Drive
Camden, MI 49232

Facility Telephone #: (517) 567-8503

Application Date: 12/03/2010

Capacity: 4

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS

II. METHODOLOGY

12/03/2010	Enrollment
12/08/2010	PSOR on Address Completed
12/08/2010	Contact - Document Sent Rules & Act booklets
12/08/2010	Inspection Report Requested - Health Inv. #1018189
12/21/2010	Application Incomplete Letter Sent
12/21/2010	Inspection Completed-Env. Health : A Received report 1/10/11.
12/27/2010	Contact - Document Received Received requested documents.
12/27/2010	Application Complete/On-site Needed
01/05/2011	Inspection Completed On-site

This investigation included a review of the application forms and supporting documents including the organizational chart, house rules, emergency plan, building plan, processed licensing record and medical clearance, and on-site inspection.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental:

This home is a relatively new (1999) modular home located in the country in a small housing division in Amboy Township. The home is one level, is wheelchair accessible, and has no basement.

Entry to the home is off a short driveway; there is a newly constructed wheelchair ramp and steps that lead to a small deck. Immediately off the deck is the primary entrance to the home. Upon entering the home is a very large living room; to the right of the living room are two resident bedrooms, a bathroom, and an office with another adjacent bathroom. Through the living room is the kitchen and dining area, and a utility room that houses the washer and dryer, furnace and hot water heater. Immediately off the dining room is a second exit. Immediately off the kitchen is the licensee's living area which consists of a bedroom, walk-in closet, and bathroom.

The bedroom locations and dimensions are as follows:

Northwest Bedroom: 11' x 12' = 132 sq. ft. (2 residents)
Northeast Bedroom: same dimensions (2 residents)

Each bedroom has a built in closet. The resident bathroom is located immediately outside of the resident bedrooms.

The living room is very large and will be shared by residents and licensees. The living room measures 27' x 14' = 378 sq. ft.

The dining room is located right off the large kitchen. The dining room measures 19' x 12' = 228 sq. ft.

2. Sanitation:

The home has a private well and septic system. The Hillsdale Public Health Department conducted an inspection on 12/21/10 and gave full approval.

Garbage service is provided by a private vendor and is picked up once a week.

3. Fire Safety:

The home is heated by a forced air gas (LP) furnace which is located in the utility room immediately off the dining area. The applicant provided documentation that the furnace was inspected in June 2010 by a qualified heating contractor and found to be in good working order. The hot water heater and the clothes dryer are electric; both of these are located in the same utility room. The kitchen range utilizes LP gas.

The home has hard-wired smoke detectors located throughout the facility and in each resident bedroom. The applicant also has a fire extinguisher in the home.

The home has a fireplace; the applicant stated in writing that the fireplace would not be used.

B. Program Description

1. Applicant and Household:

Connie and Jack Sigler are the applicants for the license. The Sigler's will be the primary providers of service to the residents. There are no children or adult members of household residing in the home.

Record clearances have been conducted and approved.

The application and supporting documentation have been reviewed and found to be in substantial compliance.

2. Qualifications and Competencies:

Connie Sigler was the licensee for Judy's Kountry Care, (license #AF300297173) which she voluntarily closed her in 2010 in order to relocate to this new location. Ms. Sigler has proven experience operating an Adult Foster Care Family Home.

Connie and Jack Sigler were determined by a licensed physician to be in good physical and mental condition and health for contact with dependent adults. Copies of their licensing medical clearances and TB tests are contained in the licensing record.

The licensee will train responsible person(s) regarding the care requirements of the residents of the home.

3. Program Information:

The home will accept male or female individuals, 30 years or older, who are aged, have Alzheimer's, or have diagnoses of mental illness or developmental disability. The home is wheelchair ramped via the primary entrance and is approved to serve individual's in wheelchairs. The applicant may accept residents who are receiving Supplemental Security Income (SSI) or who are able to pay privately.

The medications will be kept in a locked storage area in the office.

Emergency response to the home is provided by various local township response teams which are accessed by calling 911.

4. Facility and Employee Records:

Connie Sigler has proven experience in completing resident and employee records as evidenced by various inspection reports of her previous licensed AFC facility as noted above.

The responsible person is their daughter-in-law, Ashley Sigler. All required documentation is present for the responsible person.

5. Resident Rights:

Resident Rights will be given to individuals being referred for admission.

6. Conclusion:

Compliance with physical plant rules has been determined. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an interim inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 4 residents).

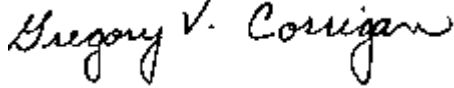


1/10/11

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



01/11/2011

Gregory V. Corrigan
Area Manager

Date