



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

March 18, 2011

Mary Mitchell
18911 230th Ave.
Tustin, MI 49688

RE: Application #: AF670309891
Mitchell's AFC Home for the Aged
18911 230th Ave.
Tustin, MI 49688

Dear Mrs. Mitchell:

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 2 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,

Marcia Elowsky, 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 #:	AF670309891
Applicant Name:	Mary Mitchell
Applicant Address:	18911 230th Ave. Tustin, MI 49688
Applicant Telephone #:	(231) 829-3891
Administrator/Licensee Designee:	N/A
Name of Facility:	Mitchell's AFC Home for the Aged
Facility Address:	18911 230th Ave. Tustin, MI 49688
Facility Telephone #:	(231) 829-3891
Application Date:	08/17/2010
Capacity:	2
Program Type:	AGED

II. METHODOLOGY

08/17/2010	Enrollment
08/19/2010	Application Incomplete Letter Sent
08/19/2010	Inspection Report Requested - Health
08/30/2010	Inspection Completed-Env. Health: A
10/18/2010	Application Incomplete Letter Sent
02/01/2011	Application Complete/OFS Needed
02/09/2011	Inspection Completed On-site
02/09/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This family home is located in a rural area approximately five miles west of Tustin. The home is ranch style, with an attached garage. This family home consists of a living room, dining room, kitchen, one resident bedroom, one non-resident bedroom, two full bathrooms and a laundry room on the main floor. The finished basement consists of the applicant's private quarters, to include a living room and two bedrooms.

The furnace and hot water heater are located in the basement 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, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The facility has private water and septic system. An environmental health inspection was conducted on August 30, 2010. The Sanitarian determined the facility to be in substantial compliance with applicable rules.

The resident bedroom was measured during the on-site inspection. The bedroom measured 13'6" x 11'6" for a total of 155 square feet. The bedroom can accommodate two residents.

The living room and dining room areas measure a total of 563 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 two (2) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to two (2) ambulatory females who are aged. The program will include social interaction, personal hygiene and personal adjustment. The applicant intends to accept residents from local community agencies and private pay individuals as a referral source.

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.

C. Applicant and Responsible Person Qualifications

A criminal history background check was conducted for the applicant. She has been determined to be of good moral character. The applicant submitted a statement from a physician documenting her good health and negative TB-tine results.

The applicant have 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 for her spouse.

The applicant acknowledges the understanding of the requirement for an adult foster care family home license 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 two residents 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 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each 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 the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee, responsible person(s) and volunteer(s).

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 (capacity 1-2).

Marcia S. Elowsky

03/18/2011

Marcia Elowsky
Licensing Consultant

Date

Approved By:

Betsy Montgomery

3/18/11

Betsy Montgomery
Area Manager

Date