



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 21, 2011

Amy Cork
4191 McCandlish Road
Grand Blanc, MI 48439

RE: Application #: AF250312315
McCandlish Manor
4191 McCandlish Road
Grand Blanc, MI 48439

Dear Ms. Cork:

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

License #:	AF250312315
Applicant Name:	Amy Cork
Applicant Address:	4191 McCandlish Road Grand Blanc, MI 48439
Applicant Telephone #:	(810) 750-4938
Administrator/Licensee Designee:	Amy Cork
Name of Facility:	McCandlish Manor
Facility Address:	4191 McCandlish Road Grand Blanc, MI 48439
Facility Telephone #:	(810) 965-5337
Application Date:	02/07/2011
Capacity:	5
Program Type:	AGED ALZHEIMERS PHYSICALLY HANDICAPPED WHEELCHAIR ACCESSIBLE

II. METHODOLOGY

02/07/2011	Enrollment
02/15/2011	Application Incomplete Letter Sent 1326 Amy Cork, Ellen Beers, & Wendy Taylor Resp. Persons and Items 45 & 49 on app
02/23/2011	Contact - Telephone call received Received call from Amy Cork requesting name of assigned consultant.
02/24/2011	Contact - Document Received App - pg 2, rec clearances for Amy, Wendy and Ellen
03/02/2011	Lic. Unit file referred for criminal history review Amy
03/02/2011	PSOR on Address Completed
03/07/2011	Inspection Report Requested - Health Inv. #1018506
03/09/2011	Application Incomplete Letter Sent
04/12/2011	Inspection Completed On-site
04/20/2011	Inspection Completed On-site
04/20/2011	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

McCandlish Manor is a ranch style home located in a well-established neighborhood in Grand Blanc. The home has a private water system and public sewer. The water system has been inspected and approved by the Genesee County Health Department.

The main floor is made up of a living room, kitchen, dining area, two full bathrooms, and three bedrooms. The laundry facilities are located on the main level of the home. The basement area will be used as living quarters for the licensee.

The furnace and hot water heater are located in the basement. Floor separation is achieved by a 1¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with a battery operated smoke detection system and is fully operational. A fire extinguisher is located in the home.

The home has two separate and independent means of egress to the outside. As part of the licensing process, one of the primary means of egress from the home has been equipped with a wheelchair ramp. The ramp was inspected at the time of the final inspection and conforms to the requirements of Rule 400.14319.

At the time of the inspection, all the living areas of the house conformed to the requirements of rules R400.1435 and Rule400.1436 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
BEDROOM 1	11'9" x 14'3"	167	2
BEDROOM 2	12' x 13'4"	159	2
BEDROOM 3	9'11" x 12'1"	120	1

The home has a combined dining and living room area which measures approximately 34'3" x 11'1". This provides 379 square feet of living area.

The eat-in dining nook measures 9'10" x 11'4". This provides 111 extra square feet of 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

Ms. Cork indicated on her application that the home would provide services to Aged, Alzheimer's, physically handicapped and wheelchair bound adults. The applicant intends to provide 24-hour supervision, protection and personal care to **five (5)** ambulatory or non-ambulatory residents, whose diagnosis is Aged, Alzheimers or physically handicapped. 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 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. Rule/Statutory Violations

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant. 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 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 savings and available cash. The applicant included a proposed budget for the facility that included projected income and expenditure amounts.

The applicant acknowledges 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 five 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), 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 applicant demonstrated his understanding of his responsibilities as well as his intention to comply with department rules.

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 his 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 applicant acknowledges his 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 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 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 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 his 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 his 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 handling of resident funds and valuables and intends to comply.

The applicant acknowledges 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 applicant acknowledges his 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.

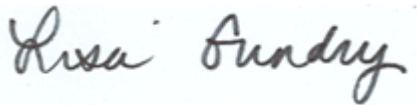
I have determined the applicant to be in compliance with departmental requirements. A more complete evaluation of these rules will take place at the time of the renewal inspection prior to the expiration of the temporary license. Ms. Cork also understands

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).

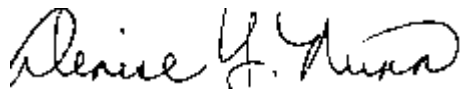


4/21/2011

Lisa Gundry
Licensing Consultant

Date

Approved By:



4/21/2011

Denise Y. Nunn
Area Manager

Date