



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 18, 2011

Amy Hertz-Baylon
6804 Rome Road
Adrian, MI 49221

RE: Application #: AS460311299
Sharp Care Home
3822 Sharp Road
Adrian, MI 49221

Dear Ms. Hertz-Baylon:

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 6 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 #:	AS460311299
Applicant Name:	Amy Hertz-Baylon
Applicant Address:	6804 Rome Road Adrian, MI 49221
Applicant Telephone #:	(517) 918-5360
Administrator/Licensee Designee:	Amy Hertz-Baylon
Name of Facility:	Sharp Care Home
Facility Address:	3822 Sharp Road Adrian, MI 49221
Facility Telephone #:	(517) 759-4116
Application Date:	12/01/2010
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

II. METHODOLOGY

12/01/2010	Enrollment
12/03/2010	Contact - Document Sent Rules & Act booklets
12/03/2010	Inspection Report Requested - Health Inv. #1018108
12/21/2010	Application Incomplete Letter Sent
01/26/2011	Contact - Document Received
01/27/2011	Inspection Completed-Env. Health : A
02/04/2011	Inspection Completed On-site
02/04/2011	Inspection Completed-BCAL Sub. Compliance
04/15/2011	Inspection Completed-BCAL Full Compliance

This investigation included a review of the application forms and supporting documents including the admission, discharge, and refund policies, routine and emergency numbers, program statement, personnel policies and procedures, job descriptions, written emergency plan and emergency repair numbers, processed licensing record and medical clearance, applicant financial reports and on-site inspections.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

1. Environmental:

This facility is located on a large lot on a paved road in a rural area south of the City of Adrian. The facility is a two level home, with the resident living area on the top floor of the facility and the lower level housing live-in staff. This facility will not be approved for admission of residents in wheelchairs. The facility is owned by M. Kathleen Kauffman and is leased to the licensee. A copy of said lease is contained in the facility record.

Upon entering the front door of the facility there are two stairways; the first is a stairway going downstairs to the private live-in area for employees and the second leading up to the resident live-in area.

Upon entering the resident living space, to the right is a dining area, full bathroom, kitchen and a large sliding glass door that leads out to the deck area. To the left of the entry door is a large living room and a resident bedroom. Immediately straight ahead of

the entry door is another resident living room with an exit door to the deck area. There are 5 resident bedrooms leading down the hallway and another full bedroom. Therefore, each resident will have a private bedroom; bedroom #6 has a half bathroom attached to it.

The bedroom locations and square footage are as follows:

Bedroom #1 off living room on south end @150 sq. ft.

Bedroom #2 off second living room @180 sq. ft.

Bedroom #3 on west side @180 sq. ft.

Bedroom #4 southeast @180 sq. ft.

Bedroom #5 northeast @ 225 sq. ft.

Bedroom #6 northwest @ 200 sq. ft.

The living room on south end of the facility measures 405 sq. ft.

The second living room and attached dining area measures 300 sq. ft.

Therefore, the resident activity space available in this facility exceeds the minimum requirement.

The lower level of the facility will house live-in staff. This area contains two furnaces and hot water heater. Residents will not be utilizing this space. The facility is air conditioned by a central air conditioning unit located outside of the facility.

2. Sanitation:

This facility has a private septic and water system. The Lenawee County Public Health Department conducted an inspection of these systems on 1/04/11 and on 1/27/11 and gave full approval.

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

3. Fire Safety:

The facility is heated by two gas forced air furnaces, one furnace for each floor of the facility. Each furnace was inspected on 3/4/11 by a qualified heating contractor and found to be in good operating condition. These inspection reports are contained in the facility record. A gas hot water heater is also located in the basement area.

The facility has a hard-wired interconnected smoke alarm system that was operational when tested. There are approved fire extinguishers on both floors of the facility.

B. Program Description

1. Administrative Structure & Capability:

Ms. Hertz-Baylon will be the licensee and a criminal record clearance has been completed and approved. Ms. Hertz-Baylon has worked in a local adult foster care facility for over two years. Ms. Hertz-Baylon's education and work experience exceeds the minimum requirements as a licensee.

2. Qualifications and Competencies:

Ms. Hertz-Baylon holds a Bachelor of Science Degree from Eastern Michigan University which was issued to her in 1991. Ms. Hertz-Baylor has currently worked for over two years at a local adult foster car facility that serves aged, developmentally disabled, mentally ill, and physically handicapped residents. Ms. Hetz-Baylon is fully trained in all required areas and meets criteria for licensee of a small adult foster care group home.

3. Program Information:

The facility will provide personal care, supervision, and protection, in addition to room and board for adults aged 18 years or older and who are aged, developmentally disabled, or mentally ill. The facility is not wheelchair accessible, therefore, is not capable of servicing adults with this need. Transportation services to all resident appointments will be the responsibility of the resident/guardian/family, or said transportation services can be purchased from the licensee for an agreed upon rate. The licensee will serve individuals on a private fee basis or on SSI.

Resident medications will be stored in a locked cabinet in the kitchen.

Emergency medical services will be provided by local hospitals and emergency transportation services by the local township ambulance service.

4. Facility and Employee Records:

The applicant has supplied copies of personnel policies, job descriptions, and standard operating procedures. An initial staff schedule indicated there would be three shifts per day with one staff per shift.

Emergency plans for medical emergencies, fire, facility repairs, and severe weather have been submitted, reviewed, and found acceptable.

The "good moral character" of each employee will be determined upon application and interview questions, responses from at least two references, and also the processing of the required background fingerprinting check which was reviewed with the applicant.

The applicant is aware of the administrative rules regarding the licensee's handling of resident funds and will comply with those requirements.

The licensing rulebook for Small Group Homes, associated required forms as well as Public Act 218 was reviewed with the applicant.

5. Resident Rights:

The facility has a resident rights policy and will supply a copy of resident rights information to individuals being referred for admission.

6. Conclusion:

Compliance with the physical plan 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 small group home to service a maximum of six residents.

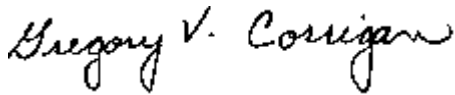


4/15/11

Dennis R Kaufman
Licensing Consultant

Date

Approved By:



04/18/2011

Gregory V. Corrigan
Area Manager

Date