



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 27, 2012

Melinda Lang
3628 E. Howard City
Edmore Road
Edmore, MI 48829

RE: Application #: AF590325513
Home Street Manor
PO Box 47
407 E. Home Street
Edmore, MI 48829

Dear Mrs. Lang:

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 (517) 241-2585.

Sincerely,

Dawn N. Timm, Licensing Consultant
Bureau of Children and Adult Licensing
7109 W. Saginaw
P.O. Box 30650
Lansing, MI 48909
(517) 899-5675

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF590325513
Applicant Name:	Melinda Lang
Applicant Address:	PO Box 47 407 E. Home Street Edmore, MI 48829
Applicant Telephone #:	(989) 304-1635
Administrator/Licensee Designee:	N/A
Name of Facility:	Home Street Manor
Facility Address:	PO Box 47 407 E. Home Street Edmore, MI 48829
Facility Telephone #:	(989) 304-1635
Application Date:	06/14/2012
Capacity:	6
Program Type:	AGED

II. METHODOLOGY

06/14/2012	Enrollment
06/15/2012	PSOR on Address Completed
06/15/2012	Contact - Document Sent Rules & Act booklets
06/15/2012	Application Incomplete Letter Sent Rec cl for Melinda
06/15/2012	Contact - Document Received Rec cl for Melinda
06/18/2012	Application Complete/On-site Needed
06/26/2012	Application Incomplete Letter Sent
07/12/2012	Inspection Completed On-site
07/12/2012	Inspection Completed-BCAL Sub. Compliance
09/26/2012	Inspection Completed On-site
09/26/2012	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Home Street Manor adult foster care family home is a two-story, Victorian style home with white vinyl siding, a small front yard, and a large fully enclosed back yard. There is also an attic and an unfinished basement in the facility, however, neither will be accessible to residents. The facility also has a porch that wraps around the front face of the home and is used for enjoying the outdoors. The front porch area is also the main entrance to the home and it is wheelchair accessible. This is the only wheelchair accessible exit/entrance to the facility. The facility is located near the downtown area in the small town of Edmore, Michigan. This small town is located in Montcalm County and is near other small towns such as Stanton, Greenville, and St. Louis.

Entrance into the facility from the front door leads one into the main foyer and into the resident area. The main floor of the home is for resident use. There is a living room, reception room, dining room, kitchen, full bathroom, half bathroom, laundry facility, and six resident bedrooms. The second floor of the facility is living space for Melinda Lang and her family and is not for resident use. The second floor has four bedrooms, a living

area, game room, and full bathroom. The facility utilizes public water and public sewage disposal systems.

The facility is heated with a natural gas furnace which is located in the basement of the facility. The hot water heater is also located in the basement. The basement door is a 1 ¾ inch solid wood core door that is equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with battery-powered, single-station smoke detectors. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'6" x 13'6"	114.75 sq. feet	1
2	8'8" x 18'3"	158.05 sq. feet	1
3	13'6" x 12'6"	168.75 sq. feet	1
4	13'6" x 13'6"	182.25 sq. feet	1
5	13'0" x 9'6"	123.5 sq. feet	1
6	10'6" x 13'4"	139.97 sq. feet	1

The indoor living and dining areas measure a total of 681 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity of six residents.

B. Program Description

The applicant, Melinda Lang, intends to provide 24-hour supervision, protection and personal care to six female residents who are aged. The program will include social interaction such as bingo night, casual conversations, card games, outdoor activities, exercise class, and other activities created in accordance with the interests of the residents. The applicant intends to accept referrals from Montcalm County DHS as well as residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including library, local community events, shopping centers, and churches. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of the applicant, Melinda Lang, and the responsible person, Matthew Lang (Melinda's spouse) were completed on 06/18/2012 and they were determined to be of good moral character to provide licensed adult foster care. A criminal history background check was also completed for an adult member of the household, Drake Lang, on 06/18/2012 and he was determined to be of good moral character to reside in the home with vulnerable adults. Applicant Melinda Lang, responsible person and household member Matthew Lang, and adult household member Drake Lang submitted statements from a physician documenting their good health and current negative tuberculosis test results. Melinda and Matthew Lang's two other minor children, ages 17 and 15, also reside in the home and are of good health according to Melinda Lang.

The applicant has 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 her spouse's outside employment income. This facility is an already established and currently licensed adult foster care family home and the current residents wish to continue to reside in the home after the change in ownership and licensee.

Melinda Lang acknowledged the requirement that the licensee(s) of an adult foster care family home must reside in the home in order to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for six residents will be the responsibility of the family home applicant(s), 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant(s) acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant(s) acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant(s) acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant(s) acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant(s) acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant (s) indicate(s) 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(s) 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(s) acknowledged the responsibility to obtain the required 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(s) acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all of the documents required to be maintained within each resident's file.

The applicant(s) acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged 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(s).

The applicant(s) acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. The applicant(s) indicated intent to respect and safeguard these resident rights.

The applicant(s) acknowledged 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 issuing a discharge before a 30-day written discharge notice.

The applicant(s) acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six (6) residents.



09/27/2012

Dawn N. Timm
Licensing Consultant

Date

Approved By:



9/27/12

Betsy Montgomery
Area Manager

Date