



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

February 19, 2013

Betty Miller  
4231 Cole Road  
Hillsdale, MI 49242

RE: Application #: AF300337110  
Country Garden AFC  
4231 Cole Road  
Hillsdale, MI 49242

Dear Ms. Miller:

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 (517) 335-2506.

Sincerely,

Dennis R Kaufman, Licensing Consultant  
Bureau of Children and Adult Licensing  
Suite 3013  
1040 S. Winter  
Adrian, MI 49221  
(517) 260-3583

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF300337110

**Applicant Name:** Betty Miller

**Applicant Address:** 4231 Cole Road  
Hillsdale, MI 49242

**Applicant Telephone #:** (517) 437-1282

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Country Garden AFC

**Facility Address:** 4231 Cole Road  
Hillsdale, MI 49242

**Facility Telephone #:** (517) 437-1282

**Application Date:** 09/27/2012

**Capacity:** 2

**Program Type:** AGED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

09/27/2012	Enrollment
09/28/2012	Contact - Document Sent Rules & Act booklets
10/16/2012	PSOR on Address Completed
10/16/2012	Inspection Report Requested - Health
11/06/2012	Inspection Completed-Environmental Health. Health : A
11/21/2012	Application Incomplete Letter Sent
01/02/2013	Contact - Document Received Received return application with some corrections.
01/09/2013	Contact - Telephone call received Applicant called requesting status update.
01/09/2013	Contact - Telephone call made Returned call to applicant noting need for proof of ownership.
01/15/2013	Application Complete/On-site Needed
01/16/2013	Inspection Completed On-site
01/16/2013	Inspection Completed-BCAL Sub. Compliance
01/25/2013	Contact - Document Received Received copy of boiler inspection and statement that the fireplace will not be used.
02/13/2013	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a one level ranch-style home located on two acres in a rural area on a paved road in Cambria Township. There is no basement for this home. The front door has a large handicapped accessible deck which is accessed directly off the U-shaped driveway.

The home has private water supply and a private sewage disposal system. On 11/06/12, Hillsdale County Public Health conducted an environmental inspection on both the water and sewage disposal systems and granted full approval for both.

Upon entering the front door is a short hallway; to the left is the kitchen and eating area and to the immediate right is a large living room. Immediately past the kitchen/dining area is an enclosed utility room that houses the propane fueled boiler, electric hot water heater, washer and electric clothes dryer. This room has an approved fire rated door with self-closer.

Immediately to the left of the utility room is the second exit which leads to a small deck area and to the back yard. Immediately past the second exit is a hallway that leads to three bedrooms and a full bath. The two resident bedrooms are located on the west side of the home; the applicant's bedroom is located on the southeast corner of the home.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Beds
Bedroom #1	11' 5" x 9' 9"	112 sq. ft.	1
Bedroom #2	Same	Same	1

The living room measurements are 17' 10" x 20' 4" for a total of 362 sq. feet which greatly exceeds the minimum of 35 square feet per resident.

The home has single station battery operated smoke detectors located throughout the home including the utility room. The applicant provided documentation that the boiler is in good operating condition. The home has a fireplace located in the living room; the applicant provided documentation that this fireplace would not be utilized.

Based on the above information, this facility can accommodate two 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 female residents aged (64 or older), the mentally ill, developmentally disabled, or physically handicapped. The applicant intends to accept referrals from Hillsdale County Human Services, Hillsdale County Community Mental Health as well as from private sources.

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 encourage residents and/or their respective family members to have residents utilize community resources such as churches, libraries, senior citizen centers, or day programs offered through Hillsdale Community Mental Health. These resources provide an environment to enhance the quality of life of residents.

### **C. Applicant and Responsible Person Qualifications**

Criminal background checks of the applicant and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test results.

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 and other income available to the applicant.

The applicant acknowledged the requirement that the licensee 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 two residents will be the responsibility of the family home applicant, 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 acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

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

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

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicates 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 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 acknowledged the 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 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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 person money transactions that have been agree to be managed by the applicant.

The applicant 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 indicated intent to respect and safeguard these resident rights.

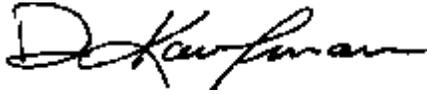
The applicant acknowledged an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30 day discharge written notice to a resident as well as issuing a discharge before a 30-day written discharge notice.

#### **D. Rules or 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 temporary license to this AFC adult family home with a capacity of 2 residents.



2/19/13

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Dennis R Kaufman  
Licensing Consultant

Date

Approved By:



2/19/13

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Betsy Montgomery  
Area Manager

Date