



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 20, 2013

Angela Tuck
3892 Wirgau Road
Rogers City, MI 49779

RE: Application #: AF710338041
Angie's AFC
3892 Wirgau Road
Rogers City, MI 49779

Dear Ms. Tuck:

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,

Kathleen Gutierrez, Licensing Consultant
Bureau of Children and Adult Licensing
711 W Chisholm
Alpena, MI 49707
(989) 464-8723

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF710338041
Applicant Name:	Angela Tuck
Applicant Address:	3892 Wirgau Road Rogers City, MI 49779
Applicant Telephone #:	(989) 734-0124
Administrator/Licensee Designee:	N/A
Name of Facility:	Angie's AFC
Facility Address:	3892 Wirgau Road Rogers City, MI 49779
Facility Telephone #:	(989) 734-0124
Application Date:	12/14/2012
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/14/2012	Enrollment
01/03/2013	Application Incomplete Letter Sent
01/15/2013	Application Incomplete Letter Sent
01/25/2013	Application Complete/On-site Needed
01/25/2013	Contact - Telephone call made set up onsite inspection for February 7, 2013.
02/07/2013	Application Incomplete Letter Sent
02/07/2013	Inspection Completed On-site
02/07/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single story, aluminum sided home on a cement slab. The facility is located in a rural setting approximately five miles southwest of Rogers City. The facility has four bedrooms, one non-resident bedroom and three resident bedrooms and two bathrooms. The home is wheelchair accessible with the entrance being at ground level. The home has private water and septic systems.

The propane water heater and boiler are located on the main floor in a room that is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas 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	14.9 X 11.1	165.4	2
2	13.6 X 14	190.4	2
3	13.6X14.9	202.6	2

The indoor living and dining areas measure a total of 510 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.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are mentally ill or developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Northeast Michigan CMH or residents with private sources for payment.

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 local libraries, shopping centers, community events such as local festivals and sheltered workshops. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Responsible Person Qualifications

Criminal history 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 along with outside employment.

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 6 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 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 "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 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 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(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 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 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 acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

C. 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.

III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home capacity 6.



03/20/2013

Kathleen Gutierrez
Licensing Consultant

Date

Approved By:



3/20/13

Betsy Montgomery
Area Manager

Date