



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 23, 2013

Michelle Whitney
4634 Shoemaker Road
Almont, MI 48003

RE: Application #: AF440337509
Whitney Family Care
4634 Shoemaker Road
Almont, MI 48003

Dear Mrs. Whitney:

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) 373-2506.

Sincerely,

Kent W Gieselman, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF440337509
Applicant Name:	Michelle Whitney
Applicant Address:	4634 Shoemaker Road Almont, MI 48003
Applicant Telephone #:	(248) 830-1045
Name of Facility:	Whitney Family Care
Facility Address:	4634 Shoemaker Road Almont, MI 48003
Facility Telephone #:	(248) 830-1045
Application Date:	11/02/2012
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

11/02/2012	Enrollment
11/15/2012	Application Incomplete Letter Sent Please complete Item 45 on the application, submit 1326s for Brandon, Austin & Glenna & SOS addresses.
11/15/2012	Contact - Document Sent rules & act
11/15/2012	Inspection Report Requested - Health inv 1020931
12/03/2012	Contact - Document Received item 45 on app complete, 1326s Brandon & explanation conviction, Glenna, Gentges, Austin(not in home until January 2013.
12/11/2012	Application Incomplete Letter Sent 45-day GMC letter sent.
12/11/2012	Inspection Completed-Env. Health : A
02/27/2013	Application Incomplete Letter Sent
04/01/2013	Application Complete/On-site Needed
04/23/2013	Inspection Completed On-site
04/23/2013	Inspection Completed-BCAL Full Compliance
04/23/2013	Exit Conference
04/23/2013	PSOR on Address Completed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility is a two story building located in a rural area of Lapeer County near the town of Almont, Michigan. The building has a full basement used for storage, as well as a mechanical room containing the furnace and hot water heater for this facility. The mechanical room has a self-closing solid core door that is 1 3/4 inches thick. The furnace and hot water heater have recently been inspected and are in mechanically sound condition. There are fire extinguishers located on each floor of this facility, and the smoke detectors are hard wired and interconnected.

This facility is not equipped with a ramp for wheelchair accessibility. This facility has the following rooms;

Located on the ground floor;

- 1) Full Kitchen
- 2) Attached two car garage
- 3) Dining room measuring 176 sq. ft.
- 4) Family room measuring 192 sq. ft.
- 5) Living room measuring 418 sq. ft.
- 6) Breakfast nook measuring 192 sq. ft.
- 7) Bathroom for residents' use.

Located on the second floor;

- 8) Two full bathrooms.
- 9) Master bedroom suite which will serve as the licensee living area
- 10) Three Resident Bedrooms:
 - a) Bedroom #1 measures 156 sq. ft. and will have two resident beds.
 - b) Bedroom #2 measures 225sq. ft. and will have two resident beds.
 - c) Bedroom #3 measures 272 sq. ft. and will have two resident beds.

This home has a private water and sewer system that was inspected and approved by the local environmental health department on 12/11/12.

B. Licensee designee and Licensee designee/ Administrator Qualifications

A criminal history background check did not locate any criminal convictions recorded for the applicant, responsible person or household members. The applicant and members of the household submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected budget that was submitted.

The supervision of residents in this family home licensed for six residents will be the responsibility of the licensee 24 hours a day / 7 days a week.

The licensee acknowledges an understanding of the qualification requirements for the responsible person, direct care staff, and volunteers providing care to residents in the facility.

The licensee 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.

The licensee acknowledges an understanding of the administrative rules regarding medication procedures. In addition, the licensee 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 licensee acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the licensee acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, responsible person, all household members and the retention schedule for all of the documents contained within each employee’s file.

The licensee acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

The licensee 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 licensee 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 licensee designee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensee 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 licensee has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The licensee 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 licensee acknowledges their 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.

C. Program Description

The applicant has submitted a program statement identifying the population they will serve, admission criteria, assessment process for residents and services that will be offered.

This facility will provide services for male and female residents who are mentally ill, developmentally disabled, aged and physically handicapped. This facility will admit both males and female over the age of 18 years. The program statement identifies an assessment process for residents that will insure the resident does not pose a physical threat to self or others, does not require 24 hour nursing care, and does not require physical management for inappropriate behaviors on an ongoing basis.

The program statement indicates that the services to be provided by this facility include adequate staffing to assist each resident in meeting the goals identified in their person centered plan, assisting residents with daily living skills as identified in the resident's assessment, providing teaching and training of residents through social activities within the facility and in the community on a weekly basis or more often as scheduled. This facility will provide structured time with staff to explore crafts, arts, hobbies, and other leisure activities that interest the residents.

The residents in this facility will also participate in workshops in the community on a daily basis if they are able to do so.

D. Rule/Statutory Violations

There are no rule violations at this time.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-6).

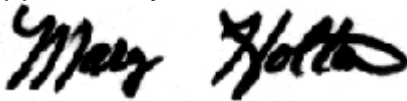


4/23/13

Kent W Gieselman
Licensing Consultant

Date

Approved By:



4/23/13

Mary E Holton
Area Manager

Date