



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

March 7, 2013

Joyce Bake and Debra Bake
10194 Benton Rd
Willis, MI 48191

RE: Application #: AF810327788
Bake Home
10194 Benton Road
Willis, MI 48191

Dear Joyce Bake and Debra Bake:

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 4 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,

Karen Davis, Licensing Consultant
Bureau of Children and Adult Licensing
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8574

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF810327788
Applicant Name:	Joyce Bake and Debra Bake
Applicant Address:	10194 Benton Rd Willis, MI 48191
Applicant Telephone #:	(734) 461-2283
Administrator/Licensee Designee:	N/A
Name of Facility:	Bake Home
Facility Address:	10194 Benton Road Willis, MI 48191
Facility Telephone #:	(734) 646-5439
Application Date:	06/22/2012
Capacity:	4
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

06/22/2012	Enrollment
06/26/2012	Application Incomplete Letter Sent application item 23 (SS# incomplete), 45, 51, 1326 Ms. Brown
07/11/2012	Lick. Unit received criminal history file from review Arrest Only on LEIN for Debra Bake aka: Moore. Nothing on JDW for her for any Mids. And/or Felony. Changed criminal history to NO and continue processing. Will need F. P in a year.
07/12/2012	Contact - Document Received corrected app & 1326s
07/13/2012	Application Incomplete Letter Sent FP for Joyce & Debra
07/30/2012	Contact - Document Received 1326 Joyce & Janet
08/01/2012	Inspection Report Requested - Health inv 1020515
08/08/2012	Application Complete/On-site Needed
08/09/2012	Inspection Completed-Envy. Health : A
08/14/2012	Application Incomplete Letter Sent Incomplete application letter sent out.
11/01/2012	Inspection Completed On-site
11/01/2012	Inspection Completed-BCAL Sub. Compliance
01/10/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bake Home is located at 10194 Benton Rd. Willis, MI. 48191 in Augusta Twp. of the County of Washtenaw. The facility was previously licensed as The Bake Home, license #AF810006320.

The facility is a wood frame ranch home which sits on three acres of land in the rural area of Augusta Twp. The home has ample parking for visitors. The home has no garage. The interior of the home is comfortable, clean, and well maintained.

The home has a total of four bedrooms and two full baths. The residents' area consists of two bedrooms, a kitchen, living room/dining area, and one full bath. The non-resident area consists of a living room, kitchen, one full bathroom, and two bedrooms. The home is not wheelchair accessible. There are two means of egress: one entrance leads to a porch facing the backyard and the other means of egress is a side door that leads to the front porch.

The home utilizes a private sewage disposal system and public water supply. An environmental health inspection was conducted by Washtenaw County on 08/09/2012. The home was found to be in compliance with administrative rules related to a private sewage disposal system.

The home has a gas furnace located off the non-resident kitchen. The furnace area is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. Smoke detector was in the furnace room and was in working order.

Single-station smoke detectors have been installed near sleeping areas, each smoke detector was tested and all were in working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16.7 x 13	217	2
2	14.8 x 13.9	206	2

The indoor living and dining areas measure a total of 282 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 four (4) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care To 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 Washtenaw County DHS, Washtenaw CMH, Veterans Administration or 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(s) to utilize local community resources for recreational activities including *library, local museums, shopping centers, outdoor picnics, and church*. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Responsible Person Qualifications

Criminal history background checks of applicants Joyce Bake and Debra Bake and responsible person Janet Dudley were completed and they were determined to be of good moral character to provide licensed adult foster care. Joyce Bake, Debra Bake and Janet Dudley submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Joyce Bake and Debra Bake have sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Joyce Bake and Debra Bake 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 will be the responsibility of Joyce Bake and Debra Bake, 24 hours a day, and seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

Joyce Bake and Debra Bake 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.

Joyce Bake and Debra Bake acknowledged an understanding of the qualifications and suitability requirements for the responsible person providing care to residents in the home.

Joyce Bake and Debra Bake acknowledged an understanding of the responsibility to assess the good moral character of employees and 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.

Joyce Bake and Debra Bake acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Joyce Bake and Debra Bake indicate that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Joyce Bake and Debra Bake acknowledge an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Joyce Bake and Debra Bake 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.

Joyce Bake and Debra Bake 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.

Joyce Bake and Debra Bake acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

Joyce Bake and Debra Bake 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 applicants.

Joyce Bake and Debra Bake acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. Joyce Bake and Debra Bake indicated intent to respect and safeguard these resident rights.

Joyce Bake and Debra Bake 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.

Joyce Bake and Debra Bake 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 four (4).

Karen Davis

03/07/13

Karen Davis
Licensing Consultant

Date

Approved By:

Betsy Montgomery

3/7/13

Betsy Montgomery
Area Manager

Date