



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 18, 2013

Amber Hernandez-Bunce
Cornerstone AFC, LLC
PO Box 277
Bloomington, MI 49026

RE: Application #: AS030345182
Cornerstone Tenth Street
803 N. 10th Street
Plainwell, MI 49080

Dear Ms. Hernandez-Bunce:

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 contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Susan Gamber, Licensing Consultant
Bureau of Children and Adult Licensing
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 762-2146

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS030345182

Applicant Name: Cornerstone AFC, LLC

Applicant Address: 633 N. Fall River Drive
Coldwater, MI 49036

Applicant Telephone #: (269) 628-7100

Administrator/Licensee Designee: Amber Hernandez-Bunce, Designee

Name of Facility: Cornerstone Tenth Street

Facility Address: 803 N. 10th Street
Plainwell, MI 49080

Facility Telephone #: (269) 204-6609

Application Date: 06/06/2013

Capacity: 6

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

06/06/2013	Enrollment
06/10/2013	Contact - Document Sent Rules & Act booklets
07/29/2013	Inspection Report Requested - Health Inv. #1021868
08/02/2013	Application Incomplete Letter Sent
08/29/2013	Inspection Completed-Env. Health : A
09/11/2013	Application Complete/On-site Needed
09/11/2013	Inspection Completed On-site
09/11/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a single story modular home which sits on cement block with a crawl space underneath the house. It is located in a rural area of Plainwell. The entrances are not wheelchair accessible.

The applicant is leasing this property and has provided proof of ownership and permission from the owner to occupy the premises for the purpose of operating an adult foster home.

The front door enters into a great room combining living and dining area. A sliding door opens from the dining area onto a large deck in the back yard. A fully equipped kitchen is directly off of the dining area. This home contains a master bedroom with full bathroom. Three additional resident bedrooms are located in a hallway and share a full bathroom in the same hallway. A half bathroom is located in a utility room off of the kitchen. The utility room also contains an egress door to the back yard.

All door hardware on interior and egress doors is non-locking against egress.

This property has a private water supply and sewage disposal system. On August 15 2013 these systems were inspected by the Allegan County Health Department and given an "A" rating, signifying substantial compliance with applicable rules. Inspections will be conducted every two years with the license renewal cycle.

The furnace, hot water heater, and washer/dryer are all located on the main floor in a room that is constructed of materials that provide a one hour fire resistance rating. The door to this room is a solid core fire rated door in a full stopped frame equipped with an automatic self-closing device and positive latching hardware. Venting for adequate air for proper combustion has been provided in the furnace area. The furnace was inspected by a qualified heating and cooling contractor and September 6, 2013 and documentation provided by the applicant.

This facility is equipped with an interconnected smoke detection system as well as fire extinguishers. The applicant provided certificates that the extinguishers and smoke detection system were inspected on September 5, 2013 and approved.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'9"x15'3"	194	2
2	12'8"x11'9"	149	1
3	11'3"x12'6"	140	2
4	12'9"x9'	114	1

The living, dining, and sitting room areas measure a total of 832 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. Per the application the applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, aged, or traumatic brain injured in the least restrictive environment possible. According to the administrator three initial clients have been identified and are women with a diagnosis of mental illness. The applicant does not intend to operate a coed facility.

The applicant has applied for certification to provide specialized programming under contract with community mental health agencies. The applicant currently has contracts with 18 mental health agencies. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal

behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Cornerstone AFC, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 06/01/2004. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Cornerstone AFC, L.L.C. have submitted documentation appointing Amber Hernandez-Bunce as Licensee Designee and Administrator for this facility.

A licensing fingerprint clearance request was completed with no convictions recorded for the licensee designee/ administrator. The licensee designee/ administrator submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

The licensee designee/ administrator provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff –to-six residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff -to- resident ratio.

The applicant 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant 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 applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

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 acknowledges their 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 residents’ personal money transactions that have been agreed to be managed by the applicant.

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

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

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



September 18, 2013

Susan Gamber
Licensing Consultant

Date

Approved By:



September 18, 2013

Jerry Hendrick
Area Manager

Date