



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

October 30, 2013

Kathy Peterson
Pleasantview AFC, Inc.
P.O. Box 307
St. Ignace, MI 49781

RE: Application #: AS490347113
Pleasant View AFC Inc
191 Elliott Street
St. Ignace, MI 49781

Dear Ms. Peterson:

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 (906) 226-4171.

Sincerely,

Laura Dupras, Licensing Consultant
Bureau of Children and Adult Licensing
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS490347113

Applicant Name: Pleasantview AFC, Inc.

Applicant Address: N881 Gros Cap Road
St. Ignace, MI 49781

Applicant Telephone #: (906) 643-6607

Administrator/Licensee Designee: Kathy Peterson, Designee

Name of Facility: Pleasant View AFC Inc

Facility Address: 191 Elliott Street
St. Ignace, MI 49781

Facility Telephone #: (906) 643-8774
08/19/2013

Application Date:

Capacity: 6

Program Type: AGED
DEVELOPMENTALLY DISABLED
PHYSICALLY HANDICAPPED

II. METHODOLOGY

08/19/2013	Enrollment
08/27/2013	Application Incomplete Letter Sent needs updated 1326
09/22/2013	Inspection Completed On-site
10/22/2013	Application Incomplete Letter Sent
10/28/2013	Contact - Document Received Received policies and procedures
10/28/2013	Inspection Completed On-site
10/28/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a large, single story, home located in St Ignace Michigan. The property is located in the city of St. Ignace, and is in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. The home is owned by Pleasant view AFC INC., proof of ownership was provided and is maintained in the file. Kathy Peterson is the Licensee Designee who has 25 years of experience in providing adult foster care services.

The single story home has 6 bedrooms and is totally handicapped accessible.

The bedrooms have the following dimensions:

Bedroom #1	177 sq. ft.	Approved capacity 1
Bedroom #2	170 sq. ft.	Approved capacity 1
Bedroom #3	122 sq. ft.	Approved capacity 1
Bedroom #4	122 sq. ft.	Approved capacity 1
Bedroom #5	107 sq. ft.	Approved capacity 1
Bedroom #6	107 sq. ft.	Approved capacity 1

The home has a large kitchen and combined dining area (310 sq. ft.). The living room area is (243 sq. ft.) and a separate large day room (557 sq. ft.) available for resident use. There are 2 resident bathrooms one which has shower/tub facilities and one has a whirlpool tub with a separate shower. The home is very neat, clean and comfortably furnished. The home has been newly remodeled and I have received a copy of the right to occupy to be kept in the facility file.

The home has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The facility uses municipal water and sewage.

Program Description

The facility is able to serve both male and female adults (18 years and older) that are Aged, Developmentally Disabled, and Physically Handicapped. The admission policy, program statement, discharge policy, refund policy, house rules, personnel policies and job descriptions were reviewed and accepted as written.

The program statement identifies the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Peterson, licensee designee. Ms. Peterson has submitted a medical clearance with a statement from a physician documenting good health and current TB-tine negative results.

Ms. Peterson has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for this 6-bed facility is adequate and includes a minimum of 2 staff per 6 residents on all shifts.

The licensee acknowledged an understanding of the training and qualification 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 licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee acknowledged 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The licensee acknowledged their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the licensee acknowledged their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee's file.

The licensee acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

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

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that their written facility menus shall reflect three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

B. Rule/Statutory Violations

The facility was found to be in full compliance of the licensing rules.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).




10/30/2013

Laura Dupras
Licensing Consultant

Date

Approved By:



10/30/2013

Mary E Holton
Area Manager

Date