



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

February 6, 2014

Stormy Foster  
3144 Robinson Rd.  
Jackson, MI 49203

RE: Application #: AF380326505  
Katie's Place  
3144 Robinson Rd.  
Jackson, MI 49203

Dear Ms. Foster:

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 (313) 456-0380.

Sincerely,

Vanita C. Bouldin, Licensing Consultant  
Bureau of Children and Adult Licensing  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF380326505
<b>Applicant Name:</b>	Stormy Foster
<b>Applicant Address:</b>	3144 Robinson Rd. Jackson, MI 49203
<b>Applicant Telephone #:</b>	(517) 990-9582
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Katie's Place
<b>Facility Address:</b>	3144 Robinson Rd. Jackson, MI 49203
<b>Facility Telephone #:</b>	(517) 990-9582 06/19/2012
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODOLOGY

06/19/2012	Enrollment
06/20/2012	PSOR on Address Completed
06/20/2012	Contact - Document Sent Rules & Act booklets
06/20/2012	Application Incomplete Letter Sent Rec cl's for Stormy, Mark, & Shelly
08/15/2012	Comment FP's for Stormy
08/17/2012	Contact - Document Received Rec cl's for Stormy, Mark, & Shelly
08/20/2012	Lic. Unit file referred for criminal history review Mark
08/21/2012	Application Incomplete Letter Sent AFC FP's for Stormy
08/24/2012	Contact - Telephone call received Stormy did Live Scan FP's.
12/21/2012	Inspection Report Requested - Health Inv #1021042
12/21/2012	Application Complete/On-site Needed
01/10/2013	Inspection Completed-Env. Health : A
05/20/2013	Inspection Completed On-site
07/29/2013	Application Incomplete Letter Sent File transferred and review - new consultatn. No ownership/permission to inspect papers in file.
07/30/2013	Inspection Completed-BCAL Full Compliance
01/28/2014	Contact - Document Received Received closing letter from current licensee.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### **A. Physical Description of Facility**

The Katie's Place adult foster care home is located in a residential area in Jackson, Michigan. The home is a single story structure with a basement and detached garage and a separate pole barn. The first floor of the home consists of a living room, dining room, kitchen, 1 full bathroom and six bedrooms. The front entrance is ramped at one end of the facility, and the ramp exits to a paved parking lot. A small living area and a corridor to the six resident bedrooms and a main bathroom are part of this area. There is a second exit (non-ramped) with facility dining room located in this area.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped by battery-operated smoke detectors; however, the resident living area, bedrooms, and dining area are protected by an interconnected hard-wired smoke alarm system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.11 X 8.9	99 sq. ft.	1
2	8.6 X 11.10	95 sq. ft.	1
3	11.11 X 12.1	134 sq. ft.	1
4	11/11 X 12	133 sq. ft.	1
5	15.4 X 12.8	197 sq. ft.	1
6	9.11 X 10.3	93 sq. ft.	1

The living, dining, and sitting room areas measure a total of 493 square feet of living space. This exceeds the minimum of 35 square feet per resident 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**

The applicant(s) intends to provide 24-hour supervision, protection and personal care to six (6) ambulatory residents.. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

### **C. Applicant and Responsible Person Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant (s). The applicant and responsible person submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant(s) have 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 acknowledges the understanding of the requirement of an adult foster care family home is that the licensee resides in the home in order to maintain this category type of adult foster care license.

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 / 7 days a week with the responsible person on call to provide supervision in relief.

The applicant acknowledges an understanding of the qualification requirements for the responsible person or volunteers providing care to residents in the home.

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](http://www.miltcpartnership.org)), Identogo, and the related documents required to be maintained in each employees record to demonstrate compliance.

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

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 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 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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant 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 applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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 applicant 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.

#### D.Rule/StatutoryViolations

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 temporary license to this adult foster care family home (capacity 1-6).



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Vanita C. Bouldin  
Licensing Consultant

Date: 02/03/2014

Approved By:



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Ardra Hunter  
Area Manager

Date: 02/06/2014