



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

January 16, 2014

Marcella Ronquist
916 S. Madison Ave.
Bay City, MI 48708

RE: Application #:	AF090349786 Rose Cottage 1414 5th Street Bay City, MI 48708
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Dear Ms. Ronquist:

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) 284-9720.

Sincerely,

Mary T. Fischer, Licensing Consultant
Bureau of Children and Adult Licensing
1509 Washington, Ste A
Midland, MI 48640
(989) 293-6338

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF090349786
Applicant Name:	Marcella Ronquist
Applicant Address:	916 S. Madison Ave. Bay City, MI 48708
Applicant Telephone #:	(989) 751-9225
Administrator/Licensee Designee:	N/A
Name of Facility:	Rose Cottage
Facility Address:	1414 5th Street Bay City, MI 48708
Facility Telephone #:	(989) 751-9225
Application Date:	09/30/2013
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/30/2013	Enrollment
10/02/2013	Contact - Document Received Medical Clearance & TB /Marcella Ronquist and Christine.
10/09/2013	PSOR on Address Completed
10/09/2013	Contact - Document Sent Act & Rules.
10/09/2013	Application Incomplete Letter Sent for Finger Print and & SOS update/Marcella&1326/Christine.
11/26/2013	Application Complete/On-site Needed
11/26/2013	File Transferred To Field Office Saginaw.
12/04/2013	Application Incomplete Letter Sent
01/14/2014	Inspection Completed On-site
01/14/2014	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Facility, Rose Cottage AFC, is located in the 1400 block of Fifth Street. The home is located in the historic district of Bay City. The home is walking distance to downtown Bay City. The home is not handicap accessible.

The home has 4 resident bedrooms and two full baths on the first floor. The Applicant plans to reside in the finished basement. The laundry facilities are in the basement. There is a kitchen nook, kitchen, formal dining room, living room and entrance cove also on the first floor. The home has ample storage space for resident's belongings. The home has a new furnace, roof and central air conditioning system. There are no physical plant deficiencies being cited for this facility at this time.

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 with battery powered, single station smoke detectors installed near sleeping areas, in the living room, in the basement near the furnace. Fire extinguishers are installed on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.6 x 15	204	3
2	13.6 x 12	163	1
3	13.6 x 11.3	153	1
4	12 x 7.5	90	1

The living, dining, and sitting room areas measure a total of 503 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** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six ambulatory residents, whose diagnosis is aged, developmentally disabled, traumatic brain injury or mentally ill. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The residents will be 18 years of age and older.

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

Ms. Ronquist and her responsible person, her Aunt Christine Bezotte, have experience working in Adult Foster Care homes. Ms. Ronquist is currently working as a Direct Care Worker for Bay Human Services at the Kasemeyer Home. Ms. Ronquist and her Aunt will be the primary care givers at this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the responsible person. The responsible person will be a member of the household at Rose Cottage. 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 has 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 six 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), IdentoGo/Morpho Trust (formerly Identix ®), 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/Statutory Violations

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

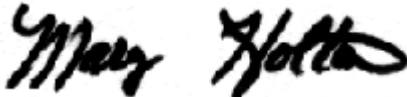
I recommend issuance of a temporary license to this adult foster care family home (capacity 1-6).



01/16/2014

Mary T. Fischer Licensing Consultant	Date
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Approved By:



01/21/2014

Mary E Holton Area Manager	Date
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