



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

March 25, 2014

Cynthia Davison  
121 Barrington Circle  
Alpena, MI 49707

RE: Application #: AF040356848  
Davison Home  
121 Barrington Circle  
Alpena, MI 49707

Dear Ms. Davison:

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 3 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,

Kathleen Gutierrez, Licensing Consultant  
Bureau of Children and Adult Licensing  
711 W Chisholm  
Alpena, MI 49707  
(989) 464-8723

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF040356848
<b>Applicant Name:</b>	Cynthia Davison
<b>Applicant Address:</b>	121 Barrington Circle Alpena, MI 49707
<b>Applicant Telephone #:</b>	(989) 358-6666
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Davison Home
<b>Facility Address:</b>	121 Barrington Circle Alpena, MI 49707
<b>Facility Telephone #:</b>	(989) 358-6666
<b>Application Date:</b>	01/30/2014
<b>Capacity:</b>	3
<b>Program Type:</b>	AGED

## II. METHODOLOGY

01/30/2014	Enrollment
02/06/2014	Application Incomplete Letter Sent
03/10/2014	Application Incomplete Letter Sent
03/17/2014	Application Complete/On-site Needed
03/20/2014	Inspection Completed-BCAL Full Compliance
03/24/2014	Inspection Completed-Env. Health : A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two-story brick and vinyl-sided home with a crawl space located in a subdivision just west of the Alpena city limits. The living room is at the entrance to the home with an additional sitting area at the back of the living room. To the east of the sitting area is a kitchen with eat in dining area. There is a hall east of the living room that leads to a half bath, resident bedroom, bathroom, laundry area and access to the two-car attached garage. West of the living room there is a hall that has an office and at the end of the hall is a newer addition with a door separating it from the rest of the home. The addition on the west side of the home includes a resident bedroom, sitting room and bathroom. There are doors in the sitting room that open directly outside, one to the front yard and the other to the back yard of the home. The second story has two bedrooms, two sitting areas and a bathroom that are the private area for the licensee. The home is not wheelchair accessible. There are two stairs leading into the home. The home utilizes public water supply and has a private sewage disposal system.

The facility has an electric furnace and water heater located in the crawl space and an additional electric water heater upstairs in the licensee's living quarters. The facility has a reverse osmosis water filtration system.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational installed near sleeping areas, on each occupied floor of the home, and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10" X 17'5"	174	2
2	11'9"X 12'3" +	166.7	1

	3'7"X 6'6"		
--	------------	--	--

The indoor living and dining areas measure a total of 516 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 three 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 three male and/or female residents who are aged. The program will include social interaction and transportation. The applicant intends to accept referrals from Alpena County DHS, Veterans Administration or residents with private sources for payment.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public library, local museums, shopping centers, churches, Alpena Senior Citizen Center and community events. These resources provide an environment to enhance the quality of life of residents.

**C. Applicant and Responsible Person Qualifications**

Criminal history background checks of the applicant and responsible person were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and responsible person submitted statements from a physician documenting their good health and current negative tuberculosis test 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.

The applicant acknowledged the requirement that the licensee 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 licensed for 3 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency situation for up to 72 hours.

The applicant acknowledged that the number of responsible persons on duty in the home may need to increase in order to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

The applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant indicate 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 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 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant 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 applicant.

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

The applicant 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.

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

**C. Rules or 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.

**VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of three.



03/25/2014

---

Kathleen Gutierrez  
Licensing Consultant

Date

Approved By:



03/25/14

---

Betsy Montgomery  
Area Manager

Date