



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

April 23, 2014

Manuel Fuentes
6796 McDonald Road
Olivet, MI 49076

RE: Application #: AF230357548
Country Living AFC
6796 McDonald Road
Olivet, MI 49076

Dear Mr. Fuentes:

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,

Dawn Campbell, Licensing Consultant
Bureau of Children and Adult Licensing
5303 S Cedar
PO Box 30321
Lansing, MI 48909
(517) 899-5607

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF230357548
Applicant Name:	Manuel Fuentes
Applicant Address:	6796 McDonald Road Olivet, MI 49076
Applicant Telephone #:	(269) 749-9733
Responsible Person:	Tonia Preston
Name of Facility:	Country Living AFC
Facility Address:	6796 McDonald Road Olivet, MI 49076
Facility Telephone #:	(269) 749-9733 02/13/2014
Application Date:	
Capacity:	6
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

02/07/2014	Inspection Completed On-site
02/13/2014	Enrollment
02/18/2014	PSOR on Address Completed
02/18/2014	Contact - Document Sent Rules & Act booklets
02/18/2014	Inspection Report Requested - Health Inv. #1022691
02/18/2014	Application Incomplete Letter Sent Rec cl's for Brooke, & Tonia
02/26/2014	Contact - Document Received Rec cl's for Brooke & Tonia
02/26/2014	Contact - Document Sent SOS ltr for Brooke Sullivan
02/27/2014	Lic. Unit file referred for criminal history review Brooke Sullivan
02/28/2014	Application Complete/On-site Needed
03/03/2014	Contact - Document Received E-mail from Tonia Preston that Brooke is updating address with SOS
03/17/2014	Inspection Completed-BCAL Full Compliance
04/03/2014	Inspection Completed-Env. Health : A
04/23/2014	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is ranch style home in the rural area of Olivet, Michigan. The facility has a basement area which is used by Mr. Fuentes. There is space for staff and visitor parking in the driveway. The facility has a large living room area in which residents can watch television, visit with friends/family and participate in private activities.

The facility has ample space for all residents. The laundry facilities are in the basement of the home. The main level of the home has a dining area that seats six, a kitchen,

four resident bedrooms and one full bathroom. The facility has a living area that is approximately 272 square feet. This home is wheelchair accessible.

The measurements and capacity of resident bedrooms are:

Bedroom #1	7 X 16 = approx.	112 sq. feet	(one resident)
Bedroom #2	9 X 16 = approx.	144 sq. feet	(two residents)
Bedroom #3	9 X 16 = approx.	144 sq. feet	(two resident)
Bedroom #4	12 X 14 = approx.	166 sq. feet	(one resident)

The basement of the facility contains the heat plant and water heater, as well as a living area that is utilized by Mr. Fuentes. The basement is separated from the remainder of the facility by a 20-minute fire-rated door, and is fitted with egress windows and a providing exit directly outside. Residents will not use this area of the facility.

The facility has private water and sewage. The Mid Michigan District Health Department inspected the water supply on 04/13/2014 and the facility received an A rating.

B. Program Description

The facility will provide 24 hour-supervision, protection, and personal care for up to six male or female residents aged 70 and older that are diagnosed as aged and/or Alzheimer's. The program will include the opportunity to socialize with one another and staff members through board games, puzzles, movies, and reading. The applicant plans to utilize local community resources including the library and shopping centers to enhance the quality of life and increase the independence of each resident.

This facility was originally licensed in October of 1991 to Mr. Fuentes' wife, Judith Fuentes (AF230001725). Mrs. Fuentes died unexpectedly in January of 2014. Mr. Fuentes is now applying as the sole licensee. Mr. Fuentes has worked in an adult foster care facility since 1991 and has provided direct care to vulnerable adults for since 1991. Mr. Fuentes acknowledges the understanding of the requirement that he must reside in the home to maintain this category license type. He also acknowledges an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. Mr. Fuentes reports that all resident and employee files will be kept on site in the facility

An AFC/HFA Licensing Record Clearance Request was completed for Mr. Fuentes on 02/14/2014 and fingerprints were submitted in February 2014. The results of the fingerprinting and Licensing Record Clearance Request determined that Mr. Fuentes is of good moral character to provide licensed adult foster care.

Mr. Fuentes submitted an updated Medical Clearance Request on 02/05/2014 indicating Mr. Fuentes has no physical/mental condition or health problem that limits his ability

work around children/dependent adults. Mr. Fuentes also has current negative tuberculosis test results.

An AFC/HFA Licensing Record Clearance Request was completed for the responsible person Tonia Preston on 02/24/2014 and fingerprints were submitted in February 2014. The results of the fingerprinting and Licensing Record Clearance Request determined that Ms. Preston is of good moral character to provide licensed adult foster care. Ms. Preston has current negative tuberculosis test results.

The applicant has sufficient resources to provide for the care of the residents as evidenced by the projected income from caring for AFC residents.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC family home with a capacity of six residents.

 04/23/2014

Dawn Campbell	Date
Licensing Consultant	

Approved By:

 4/28/2014

Mary E Holton	Date
Area Manager	