



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

May 28, 2014

Samuel and Barbara Cadwell
8889 Reed Road
Carp Lake, MI 49718

RE: Application #: AF240353610
Cadwell Contract Home
8889 Reed Road
Carp Lake, MI 49718

Dear Mr. and Mrs. Cadwell:

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 1 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,

Marcia S. Elowsky, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4924

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF240353610
Applicant Name:	Samuel and Barbara Cadwell
Applicant Address:	8889 Reed Road Carp Lake, MI 49718
Applicant Telephone #:	(231) 537-4628
Administrator/Licensee Designee:	N/A
Name of Facility:	Cadwell Contract Home
Facility Address:	8889 Reed Road Carp Lake, MI 49718
Facility Telephone #:	(231) 537-4628
Application Date:	12/04/2013
Capacity:	1
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

12/04/2013	Enrollment
12/12/2013	Application Incomplete Letter Sent
12/17/2013	Inspection Completed-Env. Health: A
01/14/2014	Application Incomplete Letter Sent
04/08/2014	Inspection Completed On-site
05/06/2014	Contact - Document received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This single story home is located in a rural area approximately 10 miles north of the town of Pellston. The facility consists of a living room, sun room, dining room, kitchen, one resident bedroom, two non-resident bedrooms, two full bathrooms, a half-bathroom, and laundry room.

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 home is wheelchair accessible and has at least one approved means of egress that is equipped with a ramp from the first floor.

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.

The facility has private water and septic system. An environmental health inspection was conducted on December 17, 2013. The Sanitarian determined the facility to be in substantial compliance with applicable rules.

The resident bedroom was measured during the on-site inspection and has the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' 2" x 10'	131	1

The indoor living and dining areas measure a total of 600 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 1 resident. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicants intend to provide 24-hour supervision, protection and personal care to 1 female resident who is developmentally disabled. The program will include activities of daily living, family activities to include, social interaction, recreational activities, community interaction. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

C. Applicant and Responsible Person Qualifications

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

The applicants 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 their personal income.

The applicants acknowledged the requirement that the licensees 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 1 resident will be the responsibility of the family home applicants, 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 applicants 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 applicants acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant(s) acknowledge(s) 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) and the related documents required to demonstrate compliance.

The applicants acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicants indicates that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicants acknowledge 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 applicants 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 applicants 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 applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply. The applicants 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 applicants.

The applicants 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(s) indicated intent to respect and safeguard these resident rights.

The applicants 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.

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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1).

Marcia S. Elowsky

05/28/14

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:

Betsy Montgomery

5/28/14

Betsy Montgomery
Area Manager

Date