



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

August 4, 2014

Thomas and Jane Siminske
1660 Altorf Strasse
Gaylord, MI 49735

RE: Application #: AF690362002
Siminske Residential Care
1660 Altorf Strasse
Gaylord, MI 49735

Dear Mr. and Mrs. Siminske:

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,

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 #: | AF690362002 |
| Applicant Name: | Thomas and Jane Siminske |
| Applicant Address: | 1660 Altorf Strasse Gaylord, MI 49735 |
| Applicant Telephone #: | (989) 732-6203 |
| Administrator/Licensee Designee: | N/A |
| Name of Facility: | Siminske Residential Care |
| Facility Address: | 1660 Altorf Strasse Gaylord, MI 49735 |
| Facility Telephone #: | (989) 732-6203 |
| Application Date: | 06/05/2014 |
| Capacity: | 3 |
| Program Type: | DEVELOPMENTALLY DISABLED |

II. METHODOLOGY

| | |
|------------|---|
| 06/05/2014 | Enrollment |
| 06/13/2014 | Inspection Report Requested - Health |
| 07/01/2014 | Inspection Completed-Env. Health : A |
| 07/08/2014 | Inspection Completed On-site |
| 08/01/2014 | Inspection Completed-BCAL Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This colonial style family home is located in a residential subdivision approximately 2 miles west of Gaylord. There is an attached garage, covered front porch and a covered deck at the rear of the home.

The main floor consists of a living room, family room dining room, kitchen/dining area, laundry room, a half-bathroom and a non- resident bedroom. The second floor includes two resident bedrooms, non-resident master bedroom with full bathroom and another full bathroom.

The furnace and water heater are located in a closet room on the main floor. The facility utilizes natural gas.

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 July 1, 2014. The sanitarian determined the facility to be in substantial compliance with applicable rules.

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' x12' | 132 | 1 |
| 2 | 11' x13' | 143 | 2 |

The indoor living and dining areas measure a total of 748 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 applicants, Tom and Jane Siminske, intend to provide 24-hour supervision, protection and personal care to three male and female residents who are developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation.

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.

In addition to the above program elements, it is the intent of the applicants to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches. These resources provide an environment to enhance the quality of life and increase the independence of residents.

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 outside employment.

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 three residents 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 applicants acknowledges 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 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 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 applicants 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.

The applicants 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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 1-3).

Marcia S. Elowsky

08/01/14

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:

Betsy Montgomery

8/4/14

Betsy Montgomery
Area Manager

Date