



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

August 27, 2014

Carrie Boyle and Mathew Boyle  
7921 Julie Dr.  
Portage, MI 49024

RE: Application #: AF390360766  
C & M Assisted Living  
324/326 Landsdowne  
Portage, MI 49002

Dear Carrie Boyle and Mathew Boyle:

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 (616) 356-0100.

Sincerely,

Kenneth Tindall, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AF390360766

**Applicant Name:** Carrie Boyle and Mathew Boyle

**Applicant Address:** 7921 Julie Dr.  
Portage, MI 49024

**Applicant Telephone #:** (269) 823-4121

**Administrator/Licensee Designee:** N/A

**Name of Facility:** C & M Assisted Living

**Facility Address:** 324/326 Landsdowne  
Portage, MI 49002

**Facility Telephone #:** (269) 323-1780

**Application Date:** 04/22/2014

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

04/22/2014	Enrollment
04/28/2014	PSOR on Address Completed
04/28/2014	Application Incomplete Letter Sent 1326's for Carrie, Mathew, Collin & Mathew Jr.
05/07/2014	Contact - Document Received 1326's for Carrie, Mathew, Collin & Mathew Jr
05/13/2014	Licensing Unit file referred for criminal history review
05/15/2014	Application Complete/On-site Needed
05/15/2014	File Transferred To Field Office Kalamazoo
05/20/2014	Application Incomplete Letter Sent
06/27/2014	Inspection Completed On-site
07/14/2014	Inspection Completed-BCAL Sub. Compliance
08/26/2014	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This was a duplex that the applicants remodeled to connect the upper level. The lower levels are walkouts and remain separated. Residents will only occupy the upper level which includes 5 resident bedrooms, the applicants bedroom, 2 living rooms, 2 dining areas, kitchen and 3 ½ bathrooms. Each lower level has a family room, heat plant room, full bathroom and a bedroom that will be occupied by the applicants 2 adult children. The home is wheelchair accessible with one ramp located on the upper level.

Onsite inspections verified compliance with rules pertaining to environmental health. The home has public water and sewer.

Onsite inspections verified compliance with rules pertaining to fire safety. Each lower level has a heat plant room that has a gas-fired forced air furnace and gas-fired water heater. On file is verification this flame producing equipment was inspected and approved by a licensed heating contractor. Each heat plant room has an approved self closing fire door. The home also has an interconnected smoke detection system that was inspected and approved by a qualified electrician (document on file). The west heat plant room also has a clothes washer and dryer.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8' 10" by 9'	80	1
2	12' by 14'	168	2
3	9' by 7'/ 5' by 4'	82	1
4	10.5' by 8.08'	85	1
5	8' by 9.5'	76	1

The living, dining, and sitting room areas measure a total of 620 square feet of living space. This complies with the 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. 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 six (6) ambulatory residents, whose diagnosis may include mentally ill, developmentally disabled and/or physically handicapped.

Emergency transportation is available by dialing 911. Other transportation services may be specified in the resident care agreement.

### **C. Applicant and Responsible Person Qualifications**

Applicants Mathew and Carrie Boyle have extensive experience with operating an adult foster care family home. They have also provided specialized care to adults with mental illness and developmental disabilities.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicants. The applicants, responsible person and adult member or household submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative 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 applicant acknowledges the understanding of the requirement for an adult foster care family home license is that the licensee must reside 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 (6) residents will be the responsibility of the family home applicant, 24 hours a day / 7 days a week. A responsible person shall be on call to provide supervision in relief.

The applicant has indicated that for the original license of this 6 bed family home, there is adequate supervision with 1 responsible person on-site –for-6 residents. The applicant acknowledges that the number of responsible persons on-site –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the qualification and suitability 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s 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 establish the good moral character and suitability, and obtain documentation of good physical and mental health status prior to each responsible person or volunteer working directly with residents. The applicant acknowledges that if they are to provide a specialized program to residents that all required training documentation will be obtained prior to the responsible person(s) or volunteer(s) working directly with residents.

The applicant acknowledges their responsibility to maintain all of the required good moral character, suitability, status of health, and training documentation on file in the home for each current employee, including the licensee(s), responsible person(s) and volunteer(s).

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 their 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 acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents required to be maintained within each resident's file.

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

The applicant acknowledges 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 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 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.

#### **D. Rules or Statutory Violation**

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

**VI. RECOMMENDATION**

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

*Kenneth Tindall*

08/26/2014

---

Kenneth Tindall  
Licensing Consultant

Date

Approved By:

*Leon M. Hale*

08/26/2014

---

Leon M. Hale  
Area Manager

Date