



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING

DAVID C. HOLLISTER
DIRECTOR

March 17, 2003

Patricia J. Crawford
6254 N. 37th St.
Richland, MI 49083

RE: Application #: AF390254614
Family Living AFC, Inc.
6254 N. 37th St.
Richland, MI 49083

Dear Ms. Crawford:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations previously cited. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is recommended.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available, please feel free to contact Gregory V. Corrigan, Area Manager, at (269) 544-1270.

Sincerely,

Monte Bender, Licensing Consultant
Bureau of Family Services
890 North 10th Street, 2nd Floor
Kalamazoo, MI 49009-8023
(269) 544-1278

enclosure

**MICHIGAN DEPT. OF CONSUMER & INDUSTRY SERVICES
BUREAU OF FAMILY SERVICES
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AF390254614

Applicant Name: Patricia J. Crawford

Applicant Address: 6254 N. 37th St.
Richland, MI 49083

Applicant Telephone #: (269) 731-4025

Administrator/Licensee Designee: Patricia Crawford, Licensee

Name of Facility: Family Living AFC, Inc.

Facility Address: 6254 N. 37th St.
Richland, MI 49083

Facility Telephone #: (269) 731-4025

Application Date: 10/18/2002

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED
PHYSICALLY HANDICAPPED
TRAUMATIC BRAIN INJURED

II. METHODOLOGY

10/18/2002	Enrollment
11/25/2002	Inspection Completed-Env. Health: A
01/29/2003	Comment Licensee issue has been corrected as of 1/28/03. Scheduling of Inspection to be done today.
01/29/2003	Contact - Telephone call made Appt. estab. for 02/12/03.
02/12/2003	Inspection Completed On-site
02/12/2003	Inspection Completed-BFS Sub. Compliance
03/11/2003	Corrective Action Plan Received
03/12/2003	Corrective Action Plan Approved
03/14/2003	Inspection Completed On-site Review CAP on-site.
03/14/2003	Inspection Completed-BFS Full Compliance

Directions to Facility:

From Kalamazoo go north on M-43 to Richland; take M-89 east out of Richland toward Battle Creek; approximately 2 – 2 ½ miles, turn right on 37th Street; approximately 1 mile, facility located on the left (house number on the mailbox).

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

- Property Ownership – A land contract has been used to confirm property ownership to Mr. Lance Livingston and Patricia Crawford. Mr. Livingston, who is no longer living in the facility, has provided a letter indicating his knowledge and approval for Patricia Crawford to operate a licensed foster care facility at the premises.
- Description of the Structure – This is a two level ranch style, wood frame dwelling with all resident living facilities located on the upper floor. There are three resident bedrooms located on the main (upper) floor with two beds in each room. There is a living room, dining room and kitchen, as well as a master bathroom also located on this level. There is a fireplace in the living room. The facility is

equipped with whole house air-conditioning. The back deck area off the kitchen enters out onto the back yard, while the front door off the living room exits onto a deck that is then stairwayed to the ground, approximately 10 feet below. The lower level houses the furnace and hot water heater, both fired by propane bottled gas. The rest of the basement is used as staff lounge and living area. The residents do not normally access the lower level.

- Square Footage of Bedrooms and Living Space –

Bedroom # 1	(11' 0" x 12' 9")	=	140 Sq. Ft.
Bedroom # 2	(12' 0" x 11' 5")	=	137 Sq. Ft.
Bedroom # 3	(13' 6" x 13' 0")	=	182 Sq. Ft.
Living Room	(15' 6" x 22' 0")	=	341 Sq. Ft.
Dining Room	(10' 0" x 13' 8")	=	136 Sq. Ft.

The bedrooms are all large enough to support two residents each. The living and dining area combined is large enough to support 6 residents and 7 additional occupants as dictated by the rules governing minimum space requirements.

- Sanitation – The facility was inspected by the county health department and achieved an A rating. The facility is serviced by a private well and private septic system.
- Fire Safety – Interior finish materials were determined to be of Class C or better throughout. There is a fireplace in the living room. that may not be used until a licensed contractor provides a statement that it has been inspected and is in safe condition for use. There is floor separation between the upper living area and the basement area by a door equipped with non-locking-against-egress hardware and a self-closing device. The rear door off the dining room is the primary fire escape. The front door off the living room is the secondary exit. The facility is not able to provide care to residents who require wheelchairs at this time until a ramp is installed.

B. Program Description

1. Administrative Structure.

- Organizational Structure – Patricia Crawford is the licensee. She has three staff that provide direct care to the residents. The licensee has stated that she is the only direct care provider living in the facility.
- Good Moral Character – The Licensee Clearance Requests (BRS-1326) indicate compliance with the administrative rules. Additional documentation includes positive reports from references.

- Financial Stability and Capability – A review of the application and supporting financial documents indicate substantial compliance with the applicable rules relating to financial capability of the licensee.
- Disclosure of Ownership Interest – A land contract has been used to confirm property ownership to Mr. Lance Livingston and Patricia Crawford. Mr. Livingston, who is no longer living in the facility, has provided a letter indicating his knowledge and approval for Patricia Crawford to operate a licensed foster care facility at the premises.

2. Qualifications and Competencies.

- Training – The licensee possessed an AFC license at this same facility, and, prior to that worked as a direct care provider in AFC facilities. She has demonstrated her knowledge of the requirements of the administrative rules for adult foster care family homes. In addition, the licensee has received approved training from community mental health.
- Health – A review of the application and supporting documents, such as the medical evaluation and TB test results, indicate substantial compliance.

3. Program Information.

- Admission/Discharge – The licensee prefers to care for residents who experience mental illness, developmental disabilities, old age, physical handicaps, and/or traumatic brain injuries. The facility will accept males and females. The residents must be ambulatory. Wheelchair bound residents are not accepted at the time of this writing, although the licensee is considering installing a wheel chair ramp. Smokers are accommodated. Short-term care may be available.
- Transportation – Countywide transportation is available by arrangement. The licensee will transport residents to appointments, if needed.
- Recreation – Resident social/recreational activities include television, radio, and stereo. Outings for shopping and other activities are also intended.

4. Facility and Employee Records.

- Facility Records – A review of the current resident records and emergency preparedness plans indicate substantial compliance with the applicable rules.
- Staff Records – The licensee currently employs three staff. The records indicate substantial compliance with applicable rules.

IV. CONCLUSIONS.

The findings of the on-site inspections and documentations reviewed indicate the facility is in substantial compliance with Act 218 and the Administrative Rules for Adult Foster Care Family Homes.

V. RECOMMENDATION.

I recommend issuance of a temporary license for a period of six (6) months.

Monte Bender
Licensing Consultant

Date

Approved By:

Gregory V. Corrigan
Area Manager

Date