



RICK SNYDER
GOVERNOR

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



MAURA D. CORRIGAN
DIRECTOR

September 11, 2014

Holly Loya
580 Eagle Ridge Lane
PO Box 374
Gladwin, MI 48624

RE: Application #: AF260360759
Loya's AFC Home
580 Eagle Ridge Lane
Gladwin, MI 48624

Dear Ms. Loya:

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 5 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,

Kathleen Gutierrez, Licensing Consultant
Bureau of Children and Adult Licensing
711 W Chisholm
Alpena, MI 49707
(989) 464-8723

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF260360759
Applicant Name:	Holly Loya
Applicant Address:	580 Eagle Ridge Lane Gladwin, MI 48624
Applicant Telephone #:	(989) 426-2035
Administrator/Licensee Designee:	N/A
Name of Facility:	Loya's AFC Home
Facility Address:	580 Eagle Ridge Lane Gladwin, MI 48624
Facility Telephone #:	(989) 426-2035
Application Date:	04/18/2014
Capacity:	5
Program Type:	AGED

II. METHODOLOGY

04/18/2014	Enrollment
04/24/2014	PSOR on Address Completed
04/24/2014	Application Incomplete Letter Sent 1326/Holly,Andrew,Katelynn.
04/24/2014	Contact - Document Sent Act&Rules.
04/28/2014	Inspection Report Requested - Health Inv.1022942.
04/28/2014	Application Incomplete Letter Sent EHI.
05/14/2014	Application Incomplete Letter Sent SOSupdates/Holly&Andrew.
05/19/2014	Application Incomplete Letter Sent GMC Letter sent for Andrew Loya-husband.
09/02/2014	PSOR on Address Completed
09/02/2014	Application Complete/On-site Needed
09/02/2014	File Transferred To Field Office Alpena.
09/03/2014	Inspection Completed On-site
09/03/2014	Inspection Completed-BCAL Full Compliance
09/05/2014	Contact - Document Received Received request from Holly Loya to reduce capacity from 6 to 5 residents.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a 4-bedroom, one-story, ranch-style home located in a rural setting 2.5 miles east of the city of Gladwin. The home has a brick front and vinyl siding on the other three sides with an attached garage. There are three resident bedrooms, one non-resident bedroom, a kitchen with an attached dining room and a living room, two full bathrooms, laundry room with water heater and a furnace room. One bathroom is off the non-resident bedroom and will be used by the licensee and her spouse. The other bathroom is at the end of the hall near the resident bedrooms and will be the resident's bathroom. There is a deck at the back of the home off the living room. The home sits on a 5 foot high crawl space. The home is wheelchair accessible and has at least one approved means of egress that is equipped with a ramp from the first floor at the front door. The home has private water and sewer.

The home is heated with a case forced air furnace and water heater that was installed by a licensed contractor. All the doors in the home are 1 hour rated solid wood doors and there is a metal door leading to the garage. The doors to the furnace room, laundry room and garage have an automatic self-closing device and positive latching hardware.

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 have been installed near sleeping areas, on each occupied floor of the home and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'10"X 13'6"	172.8	2
2	13'5" X 10'7"	141.75	2
3	11'5" X11'1"	126.5	1

The indoor living and dining areas measure a total of 357 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 five residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection and personal care to 5 male and/or female residents who are aged. The program will include social interaction and transportation. The applicant intends to accept Veterans Administration

or residents with private sources for payment.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including community events and festivals, community parks, local museums, local businesses such as the local ice cream parlor, local shopping areas, and senior citizen programs. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Responsible Person Qualifications

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

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

The applicant acknowledged the requirement that the licensee 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 5 residents will be the responsibility of the family home applicant, 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 applicant 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 applicant acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge 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 applicant acknowledged an understanding of the administrative rules regarding medication procedures. In addition, the applicant (s) indicate(s) 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 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 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 applicant 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 applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant(s) 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 applicant.

The applicant 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 indicated intent to respect and safeguard these resident rights.

The applicant 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 applicant 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 5.

Kathleen Gutierrez

09/11/2014

Kathleen Gutierrez
Licensing Consultant

Date

Approved By:

Betsy Montgomery

9/11/14

Betsy Montgomery
Area Manager

Date